

DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA | 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

May 4, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

C&C Property Management et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via email. If you do not approve of the language on the complaint, DO NOT sign it; instead, contact me at the number listed below to discuss your concerns.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Neha Singh
Neha Singh
Associated Governemnt Program Analyst
510-789-1034
neha.singh@dfeh.ca.gov



DFEH NUMBER COMPLAINANT **ADDRESS** PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) **ADDRESS** PHONE C&C Property Management 855 Pacific Street (831) 372-1964 Monterey, CA 93940 PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Apartment 8



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

May 3, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

From May 31, 2017 to current, I was denied a reasonable accommodation/interactive process while residing in my one-bedroom unit located at the subject property is owned by and managed by C&C Property Management Company and its employee The subject property has 6-8 units. My rental amount is \$1,475.00.

I believe I was denied a reasonable accommodation due to my disability (physical).

From May 31, 2017 to current, I made a reasonable accommodation request every month to C&C Property Management to add screen to my window because the dust that comes into my unit from window affected my disability. Respondent, and denied my reasonable accommodation request and stated that the owner said it was not a necessary repair and therefore, not required, which exacerbated my disability. In addition, Respondents failed to engage in an interactive process.

This is a violation of Government Code, Section 12955, Subdivision (a) and Civil Code 51.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED

Retaliation

ON OR BEFORE

March 15, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Requested or used a disability-related accommodation; Reported or resisted any form of discrimination or harassment

AS A RESULT, I WAS SUBJECTED TO

Evicted

PARTICULARS

On March 15, 2018, I was served with a retaliatory eviction for engaging in a protected activity (requested a reasonable accommodation and filing this complaint).

From March 2017 to current, I made a reasonable accommodation request to have a screen put on my window because the dust affected my disability. In addition, on November 15, 2017, I filed a complaint with the Department of Fair Employment and Housing against the Respondents and provided a copy of the allegations to On March 15, 2018, I was served with a retaliatory eviction and I am being required to move out on May 21, 2018.

This is a violation Government Code, Section 12955, Subdivision (f) and Civil Code 51.



DFEH NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

May 14, 2018



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

January 25, 2018

Via Email:	

RE: Request to Approve Complaint DFEH Number:

Kalpro Corp. et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please follow the Adobe EchoSign instructions to sign and return the complaint via email. If you do not approve of the language on the complaint, **do not sign it**; instead, contact me immediately at my direct telephone number or email address listed below my signature to discuss your concerns.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seg.

Thank you for your cooperation.

Sincerely.

Adele Cox

Adele Cox Associated Governmental Program Analyst (510) 789-1060 adele.cox@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

Kalpro Corp.

ADDRESS

PHONE

36616 Tierra Subida Avenue Palmdale, CA 93551

AGENT FOR SERVICE

Agent for Service for

Kalpro Corp.

ADDRESS

36616 Tierra Subida Avenue Palmdale, CA 93551 PHONE

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

12

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED
Retaliation
ON OR BEFORE
September 1, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED



DFEH NUMBER

PARTICULARS

Requested or used a disability-related accommodation
AS A RESULT, I WAS
Subjected to a rental increase and different lease terms PARTICULARS
On or about September 1, 2017, I was retaliated against while residing in my 1-bedroom apartment located at the subject property of where the violation occurred. The owner is Kalpro Corp. The individual owner is and the property manager is My rent is \$1393.
On or about June or July 2017, the owner, was notified that I obtained an emotional support animal (ESA) due to my disability. On or about July 24, 2017, I attempted to renew my yearly lease, however, on or around August 2017 or September 2017, I received a letter stating my lease was converted to month-to-month and I was subjected to a 3% rent increase. I believe this was in retaliation for obtaining an ESA.
This is a violation of Government Code 12955, Subdivision (f)
- Allegation 2 -
I ALLEGE THAT I EXPERIENCED
ON OR BEFORE
December 9, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO
Denied reasonable accommodation for a disability
PARTICULARS On December 2, 2017, and December 9, 2017, I was denied a reasonable accommodation/interactive process
based on my disability (mental).
On or about November 2017, I notified the owner, that I needed the laundry room hours extended as a reasonable accommodation due to my disability. On or around December 2, 2017, I received a letter from denying my reasonable accommodation. On or around December 2017, I notified that he was discriminating against me by not extending the laundry room hours based on my disability. On December 9, 2017, I received another letter from denying my reasonable accommodation request yet again. The denial exacerbated my disability and failed to engage in an interactive process.
This is a violation of Government Code 12955, Subdivision (a).
- Allegation 3 -
I ALLEGE THAT I EXPERIENCED
Retaliation
ON OR BEFORE
December 20, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED
Requested or used a disability-related accommodation
AS A RESULT, I WAS SUBJECTED TO
Harassment



DFEH NUMBER

On December 6, 2017 and on December 20, 2017, I was subjected to visual harassment in retaliation for making a reasonable accommodation request.

On December 6, 2017 and on December 20, 2017, after being denied a reasonable accommodation request to extend the laundry hours, the property manager subjected me to visual harassment by following me and taking pictures of me when I used the laundry room, which created a hostile living environment.

This is a violation of Government Code 12955, Subdivision (f).

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Jan 25, 2018



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

May 7, 2018

Via Email:	
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RE: Request to Approve Complaint DFEH Number:

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please follow the Adobe EchoSign instructions to sign and return the complaint via email. If you do not approve of the language on the complaint, do not sign it; instead, contact me immediately at my direct telephone number or email address listed below my signature to discuss your concerns.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Adele Cox

Adele Cox Associated Governmental Program Analyst (510) 789-1060 adele.cox@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT **ADDRESS** PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) **ADDRESS** PHONE PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Apartment 6



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE October 6, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

From on or about September 1, 2016 to October 6, 2017, I was denied reasonable accommodation/interactive process while residing in my two-bedroom unit located at the address where the violation occurred. The subject property is owned and managed by The subject property has 12 units. My rental amount is \$1667.

I believe I was denied a reasonable accommodation due to my disability (physical).

From on or about September 1, 2016 to October 6, 2017 I requested to have trash cans placed near my unit because my disability restricts the weight and height of items I can lift, and prevents me from using the dumpster for my trash. In addition, I have requested to have the sliding patio doors in my unit adjusted to reduce the amount of force needed to open/close them. I was told by nat he will not accommodate my disability. and I should go find a place that does. These denials exacerbated my disability. In addition, failed to engage in an interactive process.

This is a violation of Government Code, Section 12955, Subdivision (a) and Civil Code 51.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED Harassment ON OR BEFORE October 6, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental)

PARTICULARS

From on or about October 2016 to October 6, 2017, I was subjected to harassment while residing at the subject property by the owner,

I believe I was subjected to harassment due to my disability (physical).

From on or around October 2016 to October 6, 2017, repeatedly demanded that I move or break up heavy furniture and put into the dumpster as a way to harass me because if I did not do it, he would evict me. is well aware of my weight and height restrictions as this was shared with him from October 2016 to October 6, 2017. This harassment created a hostile living environment.

This is a violation of Government Code Section 12955, Subdivision (a).



DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
October 6, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO
Denied equal terms and conditions
PARTICULARS

From on or about October 2016 to October 6, 2017, I was subjected to differential treatment while residing at the subject property.

I believe I was subjected to differential treatment due to my disability (physical).

From October 2016 to October 6, 2017, Respondent, would not allow me to operate a business from my unit, however, I am aware of a non-disabled tenant who was allowed to operate a business from her unit.

In addition, my guests and customers were not allowed to park at the subject property, however, I am aware of non-disabled tenants who were allowed to have their guests or customers park at the subject property.

This is a violation Government Code, Section 12955, Subdivision (a) and Civil Code 51.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

May 16, 2018



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

March 20, 2018

Via Email:

RE: Request to Approve Complaint

DFEH Number:

FPI Management, Inc. et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please follow the Adobe EchoSign instructions to sign and return the complaint via email. If you do not approve of the language on the complaint, do not sign it; instead, contact me immediately at my direct telephone number or email address listed below my signature to discuss your concerns.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Adele Cox

Adele Cox Associated Governmental Program Analyst (510) 789-1060 adele.cox@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

FPI Management, Inc.

ADDRESS

PHONE (916) 357-5300

800 Iron Point Rd., Folsom, CA 95630

Seasons Apartments, LP

369 San Miguel Dr., Newport Beach, CA 92660

9167144400



AGENT FOR SERVICE

Paracorp Incorporated, Agent for Service for Seasons Apartments, LP **ADDRESS**

PHONE

2804 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833

Mike Watembach, Agent for Service for FPI Management, Inc.

800 IRON POINT ROAD FOLSOM, CA 95630 9163575312

PROPERTY TYPE

Apartment

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

220



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
August 25, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

From July 2016 to current, my requests for reasonable accommodations were denied and/or delayed and I was denied an interactive process while residing at my 1-bedroom unit located at the address where the violation occurred. The monthly rent is \$658. There are 220 units. The property is owned by Seasons at Laguna Ridge, and managed by FPI Management Inc. The person who denied and/or delayed my reasonable accommodation/failed to engage in an interactive process was a manager for FPI Management Inc.

From July 2016 through September 2017, I requested a reasonable accommodation from manager via email and letter to have my next door neighbor cease smoking in the unit or on the balcony as her cigarette smoke was infiltrating into my unit through the vents. The smoking continued thus denying my reasonable accommodation. In addition, failed to engage in an interactive process. Although moved my next door neighbor on or around October 1, 2017, as an accommodation, the delay to reasonably accommodate me from July 2016 to September 2017 exacerbated my disability.

From September 2017 through current, I requested a reasonable accommodation from managers with and letter for mold in my HVAC system to be removed and the HVAC system repaired, as the mold severely exacerbated my disability. I have provided supporting medical documentation. Abatement actions taken have been minimal, and my concerns have been ignored.

This is a violation of Government Code Sections 12955, Subdivision (a) and Civil Code 51.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED
Retaliation
ON OR BEFORE
November 16, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED

Requested or used a disability-related accommodation

AS A RESULT, I WAS SUBJECTED TO

Evicted

PARTICULARS

On or around November 16, 2017, I was served with a letter threatening to serve me with a Three-Day Notice to Perform Covenants or Quit that I believe is in retaliation for my request for reasonable accommodation of a smoke-free environment which was requested on or around September 29, 2017.



DFEH NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Mar 20, 2018

DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact.center@dieh.ca.gov

January 10, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint DFEH Number: et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at sack.keophimane@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Sack Keophimane
Associate Governmental Program Analyst
916-585-7078
sack.keophimane@dfeh.ca.gov



DFEH NUMBER		
COMPLAINANT	ADDRESS	PHONE
*		TYPE OF DISCRIMINATION AND LAW Government Code § 12955
NAMED IS THE EMPLOYER, PE	RSON, AGENCY, ORGANIZATION OR GOVERNMENT	ENTTITY WHO DISCRIMINATED AGAINST ME
RESPONDENT(S)	ADDRESS	PHONE
PROPERTY TYPE	ADDRESS WHERE VIOLATION OCCURRED	NO. OF UNITS
House		1
I ALLEGE THAT I EXPERIE	- Allegation 1 -	
Discrimination ON OR BEFORE August 23, 2017	ENGED	
BECAUSE OF MY ACTUAL Disability (physical or menta AS A RESULT, I WAS SUB Denied equal terms and con	I) JECTED TO	
PARTICULARS	on Craigslist.org for a rental property priced a	t \$1500 per month. I left a message for
On August 23, 2017, Responsand I were interested in rent working but receiving Social	ndent contacted me over the phone. I ing the house. Respondent asked about Security Disability Insurance (SSDI). Respon	out my income. I told him that I was not



DFEH NUMBER

factor my SSDI benefit together with my fiancé's income. I asked Respondent don't you want to know about me? In reply, Respondent stated: I do not want to know about you. Why aren't you working? Why can't you work like the rest of society? As a result, Respondent said I was not a good fit to rent his house believe I was discriminated, harassed, and denied rental due to my source of income and disability.
Moreover, I asked Respondent if he would accept my two dogs as Emotional Support Animals (ESA), I told him that I have documentation for them. Respondent stated he would charge me a \$500 dollar deposit per dog. I believe Respondent wanting to charge me a \$500 deposit for each ESA was discriminating due to my disability.
Furthermore, Respondent asked questions about my disability that was irrelevant and inappropriate. For instance, Respondent asked me about my weight and height. I believe Respondent was implying that a disabled person like me must be overweight and sloppy. I could hear one of his friends laughing in the background while Respondent was asking me these questions. Therefore, I believe I was subjected to discriminatory statements based on my disability.
- Allegation 2 -
I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
August 23, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED
Sex/Gender
AS A RESULT, I WAS SUBJECTED TO
Subjected to discriminatory statements/advertisement PARTICULARS
Further during our phone converstation, Respondent stated he wanted to do business with the man of the house. I perceive this statement as discrimination against my gender (female) and not wanting to do business with a woman.
As a result, I was discriminated and denied rental due to my sex (female) and disability.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

Signature of Complainant or Complainant's Legal Representative
--

Date: Jan 11, 2018

was "psychotic" and that I heard voices.



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT

DFEH NUMBER ADDRESS PHONE COMPLAINANT TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME **ADDRESS** PHONE RESPONDENT(S) NO. OF UNITS ADDRESS WHERE VIOLATION PROPERTY TYPE **OCCURRED** House - Allegation 1 -I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE August 1, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS SUBJECTED TO Subjected to discriminatory statements/advertisement **PARTICULARS** On or about August 2017, Respondent made discriminatory statements about my disability, including that I



DFEH NUMBER

The state of the s	
- Allegation 2 -	
I ALLEGE THAT I EXPERIENCED	
ON OR BEFORE	
September 20, 2017	
BECAUSE OF MY ACTUAL OR PERCEIVED	
Disability (physical or mental); Gender identity or expression; Race; Sex/Gender	r; Sexual orientation
AS A RESULT, I WAS SUBJECTED TO Denied equal terms and conditions	+
PARTICULARS	
On or about September 20, 2017, I reported to Respondent that my rooms me, damaging my property and making discriminatory statements about my sext complaint, Respondent threatened to give us both a 30-day notice and ult stay for months without concerns for my safety. I believe Respondent when me and failed to address my safety concerns because of my disability (mental), sexual orientation.	ual orientation. In response to my imately-allowed my roommate to o is Filipina) discriminated against
A DATE OF THE PARTY OF THE PART	
SIGNED UNDER PENALTY OF PERJURY By submitting this complaint I am declaring under penalty of perjury under the lather foregoing is true and correct of my own knowledge, except as to matters stated as to those matters I believe them to be true.	
Signature of Complainant or Complainant's Legal Representative:	Date;
	3-1-18
Printed Name	
Thinou runio	



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

Charities Housing Development Corporation of Santa Clara County **ADDRESS**

1400 Parkmoor Ave., Ste. 190 San Jose, CA 95126 PHONE

(408) 550-8300

AGENT FOR SERVICE

Dan Wu, Agent for Service for Charities Housing Development Corporation of Santa Clara County **ADDRESS**

1400 Parkmoor Ave., Ste. 190 San Jose, CA 95126 PHONE

PROPERTY TYPE

ADDRESS WHERE VIOLATION

OCCURRED

Apartment

43

NO. OF UNITS



DFEH NUMBER

- Allegation 1 -
ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
January 5, 2017
BECAÚSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO
Denied reasonable accommodation for a disability or medical condition
PARTICULARS

On or about January 5, 2017, there was a break in and theft in my apartment that raised concerns for my safety and exacerbated my disability (mental). Therefore, I submitted a reasonable accommodation request to Respondent asking that I be allowed to install security equipment in my unit. Respondent immediately denied my reasonable accommodation request and failed to engage in an interactive process.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED	- data-quation
Retallation	
ON OR BEFORE	
August 1, 2017	
BECAUSE OF MY ACTUAL OR PERCEIVED	
Reported or resisted any form of discrimination of	r harassment
AS A RESULT, I WAS SUBJECTED TO	
Denied equal terms and conditions	
PARTICULARS	
On or about August 2017, Respondent	raised my rent by \$200. I have personal knowledge that
Respondent alseed my rent a disproprocessions. I believe the rent increases are in retaining	ortionate amount in comparison to other tenants on many aliation for filing a discrimination complaint against Respondent
with HUD in 2015.	

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

Signature of Complainant or Complainant's Legal Representative:	Date:
	3-6-2018
Printed Name	



RE: Request to Approve Amended Complaint
DFEH Number:
HUD Number:

Dear

We have amended your complaint based on the changes you requested. Please read the proposed amended complaint carefully. If you do not approve of the language on the complaint, do not sign it; instead, contact me within ten (10) calendar days to discuss your concerns. If you agree with the language, please sign and return the amended complaint as soon as possible. We must receive the signed complaint before it can be investigated. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at albert.rodgers@dfeh.ca.gov or by fax to 1-888-519-5917.

Please note the information you provide is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq. Thank you for your cooperation.

Sincerely,

Albert Rodgers Staff Services Analyst

(916) 585-7073

Albert.Rodgers@dfeh.ca.gov

A. (- P-



DFEH NUMBER		HUD NUMBER
COMPLAINANT	ADDRESS	RUONE
COMPERINANT	ADDRESS	PHONE
	TYPE OF	DISCRIMINATION AND LAW
		Government Code § 12955 Civil Code § 51, et seq.
NAMED IS THE EMPLOYER, PE	RSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY W	HO DISCRIMINATED AGAINST ME
RESPONDENT(S)	ADDRESS	PHONE
PROPERTY TYPE	ADDRESS WHERE VIOLATION OCCURRED	NO. OF UNITS
Apartment		10
LALLEGE TUAT LEVERNER	- Allegation -	
I ALLEGE THAT I EXPERIE Discrimination	NCED	
ON OR BEFORE November 9, 2017		
BECAUSE OF MY ACTUAL		
Disability (physical or mental AS A RESULT, I WAS SUB	JECTED TO	
Denied reasonable accommon PARTICULARS	odation for a disability or medical condition	
	ned in your own words. You are limited to 5000 characte	ers.

On or about September 21, 2017 Complainant received a No Cause 90-Day Notice to Vacate. Respondent verbally informed Complainant the reason was because the Housing Authority was going to perform an inspection of the property and Respondent did not wish to make any required repairs.

impaired his ability to leave his apartment for extended periods for the past four months.

is disabled as defined by the federal Fair Housing Act. Respondent is Complainant suffered a fractured hip in late June 2017 that required surgery and has

File Date: December 6, 2017

Amended

Complainant,



DFEH NUMBER

HUD NUMBER

On October 20, 2017 Complainant submitted a request that the Notice to Vacate be extended until Complainant recovers from his hip surgery and can find replacement housing. Complainant states he does not expect to fully recover for three to four months beyond the date Respondent expects Complainant to move. Complainant also submitted medical verification of the disability and need for the accommodation from a treating physician. On October 27 Complainant received a hand written denial of the accommodation request from Respondent.

On November 8, 2017 Complainant resubmitted the Accommodation Request for extending the time to vacate until he has recovered and is able to secure housing. The letter included a letter from his treating physician stating that the Complainant cannot resume looking for an apartment due to his disability until his expected recovery February 1, 2018. Respondent again denied the request on November 9, 2017.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Jan 4, 2018



DFEH NUMBER PHONE **ADDRESS** COMPLAINANT TYPE OF DISCRIMINATION AND LAW Government Code § 12955 NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME PHONE RESPONDENT(S) **ADDRESS** 4604 Cahuenga Blvd (818) 985-4129 Franklin Management Toluca Lake, California 91602 NO. OF UNITS ADDRESS WHERE VIOLATION PROPERTY TYPE OCCURRED 48 Apartment



DFEH NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE August 15, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

On or about August 15, 2017 I requested a reasonable accommodation from management to fix the elevator and was denied due to my disability. I lived on the 3rd floor and my disability limited my mobility to go up and down the stairs. With the elevator consistently out of order, it was difficult for me to go between floors. As a result of my reasonable accommodation being denied, I was forced to move from the premises.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

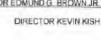
SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

RECEIVED

APR 1 6 2018

Dept. of Fair Employment & Housing Los Angeles Regional Office





DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 800-884-1684 I TDD 800-700-2320 www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

August 14, 2017

	Sent via Echosign:
RE: Request to Approve Complaint DFEH Matter Number: California Department of Ve	terans Affairs

Dear

This notice confirms that you have filed an inquiry and have been interviewed by a Department of Fair Employment and Housing (DFEH) representative. You must approve, sign and return the complaint before it can be investigated. If you do not approve the language on the complaint, please do not sign the complaint; instead, contact me to discuss your concerns. If you do not return the signed complaint within 10 days, your inquiry will be closed and no further action will be taken.

Please return the signed complaint by mail to DFEH, 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758 or by email to the email address below or by fax to 888•519•5917.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

og. am

Camilla Asuncion Staff Services Analyst (916) 585-7086 camilla.asuncion@dfeh.ca.gov

COMPLAINT OF DISCRIMINATION BEFORE THE STATE OF CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING Under the California Unruh Civil Rights Act (Civ. Code, § 51)

Complaint of Complainant.	DFEH No.
vs.	
California Department of Veterans Affairs Respondent. c/o Veterans Home of California – Lancaste 45221 30th Street West Lancaster, CA 93536	er
- Administrator, As an individ Respondent. c/o The William J. "Pete" Knight Veterans H California 45221 30th Street West Lancaster, CA 93536	
THE PARTICULARS ARE:	
alleges that respondent to complainant. Complainant was denied ful facilities, privileges, or services by a busin and public entities because of one or m (which incorporates Civil Code section 51) Engagement in protected activity.	less establishment, including both private nore Fair Employment and Housing Act
2. My belief is based on the following: I be against at The William J. Pete Knight Vo Street West, Lancaster, CA term residential care facility owned and overlans Affairs. The facility is managed in	eterans Home of California, 45221 30th A 93536. The property is a 60-bed, long- operated by the California Department of

My belief is based on the following:

- a. On or about January 16, 2017, which was the Martin Luther King, Jr. holiday, I was denied food service by the dining services staff [which is predominantly non-African American]. I believe they refused service to me in the dining hall on this day due to my race.
- b. On or about January 23 and January 31, 2017, I engaged in a protected activity when I complained of the denial of service due to my race to The William J. Pete Knight Veterans Home of California management, including Administrator [non-African American].
- c. On or about March 28, 2017, the dining services staff retaliated against me by continuing to refuse service to me.
- 3. Complainant resides in the City of State of CA.

VERIFICATION

I, am the Complainant in the above complaint. I have read the above complaint and know its contents. I declare under penalty of perjury under the laws of the State of California that the above is true and correct of my own knowledge, except as to those matters alleged on information and belief, which I also believe to be true.

Signature of Complainant or Complainant's Legal Representative:

Date: Aug 14, 2017

DIFERNAUMEER

HUD NUMBER

COMPLAINANT(S)

ADDRESS

PHONE

OTHER AGGRICVED PARTIES

TYPE OF DISCRIMINATION AND LAW General - 12955 a

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT

ADDRESS

PHONE

BRE Paragon MF Crystal View CA

233 S. Wacker Drive #4200, Chicago, IL

60606-6310

AGENT POR SERVICE

Lawyers Incorporating Service

ADDRESS.

PHONE

222 S. Riverside PLZ #200, Chicago, IL 60606

CO-RESPONDENTIS)

ADDRESS

12156 Bayport Street, Garden Grove, CA 92840

(714) 930-2350

c/o Crystal View Apartments

12156 Bayport Street, Garden Grove, CA 92840

(714) 930-2350

c/o Grystal View Apartments



DEFENDACE		HEJD-NUMBER
PROPERTY TYPE Apartment	ADDRESS WHERE WITH A THON OCCURED	NS. OF UNITS 402
I ALLEGE THAT LEXPERIENCED	Discrimination	
ON OR BEFORE	September 10, 2016	
BECAUSE OF MY ACTUAL CR PERCEIVED	Disability	
AS A RESULT, I WAS	Denied reasonable accommodation, Denied rental/lease/sale	
The owners are BRE Paragon MF Cr		roperty has 402 ums. asing representatives.
a. On or around August 16, 2010 was August 25, 2016.	5, t applied and was approved for a unit. The agreed	upon move in date
to September 15, 2016 due to my dis	d leasing representative Least LNU that I needed to ability and being unable to physically move until such inless I agreed to pay a fee of \$105.00 due to the del to being unable to move at that time due to my disability.	av. I refused and was
c. On September 10, 2016, I received	my full deposit back but only after I consistently argu- bility by the financial strain and loss of housing.	ed my case to



STATE OF CALIFORNIA: Separation for Fall Books, mentand to users

COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT

用名加勒西班

SUGNED LEADER FENALTY OF PERULEY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

Signature of Complainant or Complainant's Legal Representative: Printed Name:

Date:

LOS ANGELES REGIONAL



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

February 12, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint DFEH Number:

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at shaynah.williams@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Shaynah Williams Staff Services Analyst 213-337-4497 shaynah.williams@dfeh.ca.gov



DFEH NUMBER COMPLAINANT ADDRESS PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITYY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) ADDRESS PHONE PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Apartment 2 - Allegation -1 ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE November 8, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS SUBJECTED TO Denied reasonable accommodation for a disability or medical condition Complainant has requested both in writing and verbally that the owner, communicate with him via electronic communication rather than through paper notices due to his frequent hospital visits and treatments for his disability. Respondent refuses to accommodate Complainant's request and continues to issue paper notices.



DFEH NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE: DATE: 02/16/2018

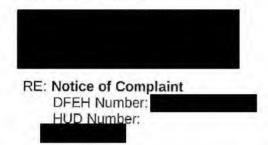


DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

DIRECTOR KEVIN KISH

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 800-884-1684 | TDD 800-700-2320 www.dleh.ca.gov | email: contact.center@dfeh.ca.gov

September 29, 2017



Dear

This notice confirms that you have filed a housing inquiry and have been interviewed by a Department of Fair Employment and Housing representative. You must approve, sign and return the complaint before it can be investigated. If you do not approve the language on the complaint, please do not sign the complaint; instead, contact me to discuss your concerns. If you do not return the signed complaint within 5 days, your inquiry will be closed and no further action will be taken.

Please return the signed complaint using the Adobe EchoSign electronic signature. If you need further assistance, please feel free to contact the toll free telephone number at (800) 884-1684 with any questions you may have.

Please note that the information you provided is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seg.

Thank you for your cooperation.

Sincerely,

Lilian Maher Consultant II 510-789-1061 Iilian.maher@dfeh.ca.gov



DEEH NOMBER		HUD NUMBER
COMPLAINANT(S)	ADDRESS	PHONE
OTHER AGGRIEVED PARTIES		DF DISCRIMINATION AND LAW General - 12955 a
NAMED IS THE EMPLOYER, PERSON, AGENC	Y, ORGANIZATION OR GOVERNMENT ENTITY WHO D	ISCRIMINATED AGAINST ME
RESPONDENT	ADDRESS	PHONE
AGENT FOR SERVICE	ADDRESS	PHONE
CO-RESPONDENT(S)	ADDRESS	PHONE



DEEH NUMBER		HUD NUMBER
PROPERTY TYPE House	ADDRESS WHERE VIOLATION OCCURED	NO. OF UNITS
TALLEGE THAT I EXPERIENCED	Discrimination	
ON OR BEFORE	October 01, 2016	
BECAUSE OF MY ACTUAL OR PERCEIVED	Disability - [physical or mental]	
AS A RESULT, I WAS	Denied reasonable accommodation, Evicted	
and threatened with eviction from my ro	s harassed and in August 2016, I was denied reasonated in a house, located at elevant times, the property was owned by The property was occupied	There
II. I believe I was harassed, denied reas violation of Government Code section 12	onable accommodation and evicted because of my d 2955(a). My belief is based on the following:	isability, which is a
a. I lived in the subject property for apprincident and I disclosed my disability. Or episode, I would have to move out. This		sability-related I had another
b. On or around August 19, 2016, I told who was on notice of my my disability and created a hostile living	disability, laughed at me and told me to deal with it.	
c. In or around August 27, 2016, I becan door while I was hospitalized subsequen 2016.	ne aware of notices terminating my tenancy, which was to the August 19, 2016 lock-out. I was forced to mo	ere posted on my ove out on October 1.



DEEH NUMBER

HUD NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

Signature of Complainant or Complainant's Legal Representative:

Date: Sep 29, 2017



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS
Terra Lago Home Owners Association
Indio, California 92203
7603461161

Associa Property Management
42-635 Melanie Place Ste. 103 Palm
Desert, CA 92211
7603461161

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

House

500+



DEEH NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

August 8, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

Complainant made an official reasonable modification request supported by a doctor's recommendation, to the Homeowner's Association Design Review Committee on August 8, 2017. Complainant received a letter denying the request on August 10, 2017.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

FEB 21,2012



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITYY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

Quail Run Apartments

14131 Yorba St. Tustin, CA 92780

Riverside Charitable Corporation

444 S Flower St Ste 3100 Los Angeles, CA 90071

AGENT FOR SERVICE

ADDRESS

PHONE

Agent for Service, Agent for Service for Quail Run

Apartments

Agent for Service for

Riverside Charitable Corporation

3200 Douglas Blvd., Suite 200 Roseville, CA 95661 9167736060

444 S Flower St Ste 3100 Los Angeles CA 90071

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

104



DEEH NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

February 1, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

On or before February 2018 I made a reasonable accommodation request to move into a first floor unit. The manager who I made these requests to, was informed via doctor's recommendation and verbally of my disabilities and my need for a first floor apartment. I believe that I have been denied a reasonable accommodation request based on my disabilities.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

5-7-18



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

April 4, 2018

Via [First Class Mail] [Email]

RE: Request to Approve Amended Complaint

DFEH Number:

HUD Number:

BRE Alameda/MF Property Owner LLC et al.

Dear

We have amended your complaint based on the changes you requested. Please read the proposed amended complaint carefully. If you do not approve of the language on the complaint, do not sign it; instead, contact me within ten (10) calendar days to discuss your concerns. If you agree with the language, please sign and return the amended complaint as soon as possible. We must receive the signed complaint before it can be investigated. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at mario.anzaldua@dfeh.ca.gov or by fax to 1-888-519-5917.

Please note the information you provide is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq. Thank you for your cooperation.

Sincerely,

Mario Anzaldua

Associate Governmental Program Analyst

Mario Suzaldia

916-585-8153

mario.anzaldua@dfeh.ca.gov



DFEH NUMBER HUD NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

BRE Alameda/MF Property Owner LLC

222 S Riverside Plaza Suite 2000 Chicago, IL 60606

FPI Management, Inc.

800 Iron Point Rd. Folsom, CA 95630

(916) 357-5300



Lincoln University Extensions -Housing 401 15th St. Oakland, CA 94612

(510) 628-8010

KW Alameda, LLC

151 S. El Camino Beverly Hills, CA 90212 (310) 887-6400

AGENT FOR SERVICE

ADDRESS

PHONE

tor FPI Management, Inc.

Agent for Service

800 Iron Point Rd. Folsom, CA 95630

(916) 357-5312

File Date: March 12, 2018

Amended

Page 1 of 4



DFEH NUMBER

HUD NUMBER

CSC - Lawyers Incorporating Services, Agent for Service for BRE Alameda/MF Property Owner LLC 2710 Gateway Oaks Drive, Suite 150N Sacramento, CA 95833

Agent for Service for Lincoln University Extensions - Housing

401 15th Street Oakland, CA 94612

(C T CORPORATION SYSTEM), Agent for Service for KW Alameda, LLC 818 W Seventh Street, Suite 930 Los Angeles, CA 90017

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

100



DFEH NUMBER HUD NUMBER - Allegation -I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE November 30, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS SUBJECTED TO Denied reasonable accommodation for a disability or medical condition **PARTICULARS** Complainant is is a disabled person as defined by the federal Fair Housing Act. Respondents are FPI Management Inc. (property management company), Senior Vice President of Corporate Operations at FPI Management), (regional manager), (onsite manager), and BRE Alameda I MF Property (owner). Summer House Apartments, the subject property, is a 390-unit apartment complex. Complainant was a student at Lincoln University, which provided Complainant housing by renting an apartment at the subject property and subletting it to Complainant and four other students attending Lincoln University. Complainant lived at the subject property from August 4, 2017 through November 30, 2017. Complainant states that in or around October 2017, he made complaints to Senior Vice President of Corporate Operations at FPI Management) about "extreme and continuous pounding noise on the ceiling," which "caused severe disturbance and affected [his] attempts to recover from PTSD." Complainant describes the noise as "loud banging or pounding on the ceiling," "as if someone was running or jumping, or dropping heavy objects on the ground." The noise was sporadic and started as early as 4am until 12 noon, and started again around 3pm until 7pm. responded to Complainant by stating that he relayed this information to and promised that Complainant's concerns would be addressed. Shortly thereafter, _NU looked into the issue, but claimed not to have found any noise issues. Respondents did not engage in an interactive process with Complainant. On October 29, 2017, Complainant contacted the Alameda Police Department and filed a police report. Two police officers investigated the matter and spoke to LNU. LNU told the police officers that she acknowledged that the parents living in apartment 310 above Complainant's unit were working on solutions to the

Complainant states that later in November he received two separate notices of lease violations from Respondents due to reports of smoking and noise, which Complainant describes as false and alleges were retaliation for requesting an accommodation. On November 30, 2017, Complainant moved out due to the ongoing issues he was encountering with his housing.

noise problem involving their children. After the police report was filed, Complainant states that there was a "dramatic and violent increase in the noise," describing it as "if someone was deliberately slamming something on

File Date: March 12, 2018

Amended

the floor."



DFEH NUMBER

HUD NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Apr 4, 2018



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dleh.ca.gov I email: contact.center@dfeh.ca.gov

January 25, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

Community Development Properties et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at sack.keophimane@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Sack Keophimane
Associate Governmental Program Analyst
916-585-7078
sack.keophimane@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

Community Development Properties

1221 2nd Ave., #500 Seattle, WA 98101

Community Development Properties:

Risk Management Unit

700 W. Main St. Alhambra, CA 91801 (626) 943-3898

AGENT FOR SERVICE

CT Corporation System (C0168406), Agent for Service for Community Development Properties ADDRESS

111 Eight Ave., 13th Floor New York, NY 10011 PHONE



DFEH NUMBER

PROPERTY TYPE	ADDRESS WHERE VIOLATION OCCURRED		NO. OF UNITS
Other		. 5 *	1
	- Allegation -		
I ALLEGE THAT I EXPERIENCED	- Allegation -		
Discrimination			
ON OR BEFORE	4 4 4 4		
July 19, 2016			
BECAUSE OF MY ACTUAL OR PE	RCEIVED		
Disability (physical or mental) AS A RESULT, I WAS SUBJECTE	D TO		
Denied reasonable accommodation			
PARTICULARS	To a discissive of moderate container		
I requested a reasonable accommod	dation from Respondents		for a
	on 8 program. My request for the two be		
	pility. I provided my medical verification		
accommodation request was discrin	equest, I believe Respondent	deny	ring my reasonable
accommodation request was discrin	illiation based on my disability.		
SIGNED UNDER PENALTY OF PE			
	eclaring under penalty of perjury under		
and as to those matters I believe the	my own knowledge, except as to matte	is stated on my	information and belief,
and as to those matters i believe the	em to be due.	4.4	
SIGNATURE OF COMPLAINANT	OR COMPLAINANT'S LEGAL REPRE	SENTATIVE:	DATE
	T. O. S. S. C. C. S. S. M. S. S. C. S.		01/25/2018
-			o kiesi coi s



DEEH NUMBER COMPLAINANT ADDRESS PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) ADDRESS PHONE PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Apartment



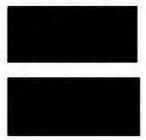
DEEH NUMBER

- Allegation -
I ALLEGE THAT I EXPERIENCED Discrimination
ON OR BEFORE
May 1, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO Denied reasonable accommodation for a disability or medical condition
PARTICULARS
On or about May 1 2017 to current, we were denied a reasonable accommodation/interactive process while residing in our four-bedroom unit located at the address where the violation occurred. The subject property is
owned by The subject property has six units. My rental
amount is \$1600.00.
On or about May 1 2017, I made a reasonable accommodation request to
space. However, to date, has not responded thus denying the reasonable accommodation request in addition, failed to engage in an interactive process.
This is a violation of Government Code, Section 12955, Subdivision (a) and Civil Code 51.
SIGNED UNDER PENALTY OF PERJURY
By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.
SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:
A COMPLANTAL SEGAL REPRESENTATIVE: 3/1/10 BATE
3/9/18
SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:
3/3//8

Housing Discrimination Complaint

Case Number:	DFEH Matter	
1. Complaina	Date Filed: May 9, 2017	

- 2. Complainant Representatives:
- 3. Other Aggrieved Parties:



- 4. The following is alleged to have occurred or is about to occur:
 - · Discriminatory refusal to rent
 - · Discriminatory terms, conditions, privileges, or services and facilities
 - · Discriminatory acts under Section 818 (coercion, Etc.)
 - · Failure to make reasonable accommodation
- 5. The alleged violation occurred because of:
 - Handicap
 - Retaliation

6.	Address and location of the property in question (or if no property is involved, the city and state where the discrimination occurred):
7.	Respondents:
8.	The following is a brief and concise statement of the facts regarding the alleged violation:
	The Complainants are who is disabled as defined by the federal Fair Housing Act, and her adult son, The Respondent is (Owner).
	The Complainants moved to the subject property on 01/13/2016. On 10/13/2016, the Respondent notified Complainant that pets were not allowed at the subject property as per the terms of her lease, so on 10/19/2016, she submitted a reasonable accommodation request, along with supporting medical documentation, explaining that her two small dogs were not pets her support animals. Complainant received no response to this request until 11/22/2016, when the Respondent issued a 90-day notice of termination of tenancy, which was followed up by a verbal eviction notice on 12/05/2016, and again on 02/09/2017 with a text message 90-day notice. After contacting a legal aid group, who sent the Respondents two letters regarding the notices of intent to evict, and the appearance that these actions were retaliatory for the exercise of fair housing rights, on 03/06/2017, the Respondent announced a \$125 rent increase, which Complainant alleges is further retaliation for the exercise of her fair housing rights through the reasonable accommodation request. Finally, Complainant alleges that since submitting her original reasonable accommodation request on 10/19/2016, the Respondent has refused to fulfill any of her repair requests.
n	The most accept data on which the alleged dissipate at

The most recent date on which the alleged discrimination occurred:

March 06, 2017, and is continuing.

- 10. Types of Federal Funding Identified:
 - · Section 8 Assisted, Tenant Based

11. The acts alleged in this complaint, if proven, may constitute a violation of the following sections:

804a or f, 804b or f, 818, and 804f3B of Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Act of 1988.

Please sign and date this form:

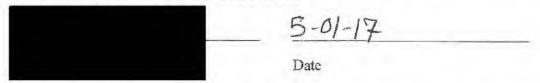
I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.



N O T E: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.



N O T E: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.

Housing Discrimination Complaint

Case	Number:	DFEH Matter Date Filed: March 9, 2017
1.	Comp	lainants:
2.	Compl	lainant Representatives:
3.	Other	Aggrieved Parties:
4.	The fo	llowing is alleged to have occurred or is about to occur:
		Discriminatory advertising, statements and notices
		Discriminatory refusal to rent Discriminatory terms, conditions, privileges, or services and facilities
	•	Discriminatory acts under Section 818 (coercion, Etc.)
5.	The al	leged violation occurred because of:
		Handicap
		Retaliation
6.	Addre	ss and location of the property in question (or if no property is involved, the discrimination occurred):

7. Respondents:

 The following is a brief and concise statement of the facts regarding the alleged violation:

The Complainant is who is disabled as defined by the federal Fair Housing Act. The Respondent is (Owner).

The Complainant resided at the subject property for approx. a year, during which time her rent was paid by the Regional Center of the East Bay, an organization which provides support to individuals with developmental disabilities.

The Complainant alleges that as the Respondent was aware of the Complainant's disability (through the rental arrangement described above), the Respondent took advantage of the Complainant throughout her tenancy. The Complainant alleges that she discovered the studio she rented, which was behind the main house, was illegal, and that she was deprived of heat and often electricity. As the Respondent refused to address this, and in fact blamed the Complainant for the electrical issues, the Complainant was intimidated into moving out, which she did on 12/23/2016, following threats from the Respondent. Following the Complainant's move out, the Respondent has refused to refund her security deposit,

The Complainant also alleges that she was subjected to different terms and conditions during her tenancy, as on at least two occasions the Respondent hosted yard sales, and allowed every resident of the subject property to sell belongings at the yard sale, but forbid the Complainant from doing the same.

Finally, the Complainant alleges that despite the Respondent's awareness of her disability and the impact it played in her inability to work, and despite the fact that rent was always paid in full, the Respondent would regularly criticize the Complainant for not working, telling her that her volunteer efforts were not enough, and beginning in or around the end of 11/2016, the Respondent began telling the Complainant that if she did not get a job she could no longer live there.

The most recent date on which the alleged discrimination occurred:

December 23, 2016

- 10. Types of Federal Funding Identified:
- 11. The acts alleged in this complaint, if proven, may constitute a violation of the following sections:

804c, 804a or f, 804b or f, and 818 of Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Act of 1988.

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

2-8-17 Date

N O T E: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.

91:1 Nd 6-3941.



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

January 5, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

Casa Monterey LTD et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove. CA 95758

You may also return the complaint to me by email at mario.anzaldua@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Mario Anzaldua Associate Governmental Program Analyst 916-585-8153 mario.anzaldua@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

Casa Monterey LTD

P.O. Box 29890 Anahiem, CA 92809

FDC Management, Inc.

135 S. Chaparral Court, Suite 200 Anaheim Hills, California 92808

AGENT FOR SERVICE

ADDRESS

PHONE

Agent for Service for Casa Monterey LTD

135 South Chaparral Ct., #200 Anaheim, CA 92808

Agent for Service, Agent for Service for FDC Management, Inc.

135 S. Chaparral Court, Suite 200 Anaheim Hills, CA 92808



DF	EH	NU	M	BE	R

PROPERTY TYPE	ADDRESS WHERE VIOLATION OCCURRED	NO. OF UNITS
Apartment		120
	- Allegation 1 -	
PARTICULARS I requested a reasonable according because the fumes that were disability. It	CCED TO ation for a disability or medical condition mmodation many times from Respondent coming from the unit downstairs which had renovation by wife and I have a disability. Respondent gust 23, 2017, I requested another reasonable according ignored and denied my request. I believe I was disported and denied my request.	was aware of my disability but mmodation for the same
	- Allegation 2 -	
AS A RESULT, I WAS SUBJE Evicted PARTICULARS On July 13, 2017, I told Respondent and Housing becaperotected class. Respondent became beligerent about every property's groundskeeper. Resultant Unlawful Detainer Notice known for me and my family to enjoy of	or PERCEIVED of discrimination or harassment or CTED TO Indent that I was going to file a complaint with ause I was harassed and discriminated due to my assessment to the complaint with the complaint with ause I was harassed and discriminated due to my assessment to the complaint with the complai	about this. For example, she dependent who was the dependent may be a serving me with an analysis and a court hearing with her.



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SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove I CA | 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

May 7, 2018

Via Email

RE: Request to Approve Complaint

DFEH Number:

Ladera WNG II, LLC, et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at karina.arabolaza@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely.

Karina Arabolaza Consultant II 213-337-4520

karina.arabolaza@dfeh.ca.gov



Apartment

COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT

DFEH NUMBER COMPLAINANT **ADDRESS** PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) **ADDRESS** PHONE Ladera WNG II, LLC, c/o Rancho PO Box 9 Mission Viejo San Juan Capistrano, CA 92693-0009 Western National Property 8 Executive Circle (949) 862-6200 Management Irvine, CA 92614 PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED

221



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

February 6, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental); Other: Engagement in a Protected Activity

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

In February 2016, Western National Property Management conducted an inspection of my unit during which management became aware that I had a cat/s. Subsequently, on or around April 2016, I made a reasonable accommodation request to have my cat/s as my emotional support animal. Since then, anytime management conducted an inspection of my unit or whenever management staff changed and my cat/s were singled out, I was required to re-submit my reasonable accommodation request, including medical verification, on the basis that I had used incorrect or out of date forms.

Between January and April 2017, I had to reiterate my reasonable accommodation request for my service animal/s. I also made additional reasonable accommodation requests to have more time to address my storage needs, more time to prepare for inspections and to communicate with me via email. Management denied all of my reasonable accommodation requests.

On or around July 2017, with the assistance of the Orange County Fair Housing Council, I sent a letter to management to cease their harassment of unreasonable inspections and denial of my reasonable accommodation requests. Management simply responded that they would consult with an attorney.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED

Retaliation

ON OR BEFORE

February 6, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Requested or used a disability-related accommodation

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

Since April 2017, in retaliation for making reasonable accommodation requests due to my Disability (on file with DFEH) and my engagement in a protected activity, management increased the number of inspections to my unit and garage.



DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED

Retaliation

ON OR BEFORE

February 6, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Requested or used a disability-related accommodation

AS A RESULT, I WAS SUBJECTED TO

Evicted

PARTICULARS

On or around September 2017, in retaliation for making reasonable accommodation requests due to my Disability (on file with DFEH) and my engagement in a protected activity, management issued me a notice of non-renewal and termination of tenancy. The reasons given indicated that I was using my garage as storage space, I had unauthorized animals and that my reasonable accommodation requests were not properly addressed (no clear connection with my disability).

- Allegation 4 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

February 6, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental); National Origin (includes language restrictions)

AS A RESULT, I WAS SUBJECTED TO

Denied equal terms and conditions

PARTICULARS

During my tenancy, I rented from management additional storage space, which I was granted for an additional fee of \$125. I later learned that another resident who was also disabled and Hispanic and I were the only ones charged additional fees for storage space and were subjected to numerous inspections when management changed the terms and conditions of allowing residents to use garage space for storage. Management subjected me to different terms and conditions due to my Disability and my National Origin charging me additional fees and conducting numerous inspections.



DFEH NUMBER

- Allegation 5 -

I ALLEGE THAT I EXPERIENCED
Harassment
ON OR BEFORE
February 6, 2018
BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

PARTICULARS

Since July 2017, after I made several reasonable accommodation requests, management increased the number of inspections of my unit and storage space, including my garage. Management, however, denied my reasonable accommodation requests and fully aware that without the accommodations I would not be able to comply with the inspections, intentionally harassed me with numerous inspections.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE: DATE:

May 14, 2018



STATE OF GALIFORNIA I Department of Feir Employment and Housing

COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT

HUD NUMBER

COMPLAINANT(S)

ADDRESS

PHONE

OTHER AGGRIEVED PARTIES

TYPE OF DISCRIMINATION AND LAW General - 12955 (a), (c) and (f)

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

172

RESPONDENT

Oceanside Gardens Limited Partnership

ADDRESS

PHONE

3533 Empleo Street San Luis Obispo, CA 93401

AGENT FOR SERVICE

c/o Oceanside Gardens Limited Partnership

Property Manager, The Duncan Group

Maintenance Technician, The Duncan Group

Social Worker, Peoples' Self-Help Housing

ADDRESS

PHONE

3533 Empleo Street San Luis Obispo, CA 93401

CO-RESPONDENT(S)

The Duncan Group

ADDRESS

PHONE

3533 Empleo Street

(805) 781-3088

San Luis Obispo, CA 93401

ADDRESS

PHONE

3533 Empleo Street San Luis Obispo, CA 93401

AGENT FOR SERVICE

CO-RESPONDENT(S)

CO-RESPONDENT(S)

CO-RESPONDENT(S)

AGENT FOR SERVICE

CO-RESPONDENT(S)

Peoples' Self-Help Housing

c/o Peoples' Self-Help Housing

c/o The Duncan Group

ADDRESS

PHONE

2612 Elm Ave.

(805) 772-9759

Morro Bay, CA 93442

ADDRESS

PHONE

2612 Elm Ave.

(805) 772-9759

Morro Bay, CA 93442

ADDRESS

PHONE

3533 Empleo Street

(805) 781-3088

San Luis Obispo, CA 93401

ADDRESS

PHONE

3533 Empleo Street

San Luis Obispo, CA 93401

ADDRESS.

PHONE

2612 Elm Ave.

(805) 772-2419

Morro Bay, CA 93442

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DEC 0 4 2017

FORM REV 7/2015

Page 1

Department of Fair Employment & Housing Elk Grove

HUD NUMBER

NO. OF UNITS

21



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT

reasonable accommodation, Subjected to restrictive rule/covenant, Subjected to discriminatory statements/advertisements.

THE MINISTER	
PROPERTY TYPE Apartment	ADDRESS WHERE VIOLATION OCCURED
I ALLEGE THAT I EXPERIENCED	Discrimination, Harassment
ON OR BEFORE	July 16, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED	Race, Ancestry, Association with a member of a protected class, Disability [physical/mental]
AS A RESULT, I WAS	Denied equal terms and conditions. Denied

STATEMENT OF FACTS

1.	believe I was dis	criminated against and harassed at the	subject property located at
Y		The property has 21 units, is owned	ed by Oceanside Gardens Limited Partnership and
4	managed in partr	ership by The Duncan Group and Peop	les' Self-Help Housing, which employs property
	manager	maintenance technician	and resident social worker

Harassed

- II. I was denied a reasonable accommodation and equal terms and conditions, subjected to discriminatory statements/advertisements and subjected to a restrictive rule/covenant due to my Race, Ancestry [Native American], Association with a member of a protected class and Disability [physical/mental], which are violations of Government Code, Sections 12955 (a), (c) and (f). My belief is based on the following:
- a. On or about August 2016, due to an oil leak from my truck, I was advised by Respondent that I was not allowed to park in my assigned parking spot. Thereafter, I was subjected to park on the street which was a considerable distance from my unit and difficult for me since I use a cane due to my disability [physical]. My original spot was closer to my unit and I asked for a reasonable accommodation to keep parking inside. Respondents took turns parking in my assigned parking spot on a daily went as far as parking her car in my assigned parking spot overnight, even though basis. Respondent she lived at another apartment complex, to ensure that I would not have access to my parking spot. Occasionally, I would use the handicap parking spot located on the premises, only when loading and unloading my truck. When Respondent noticed I was using the handicap parking spot, she made it a point to park there [illegally, since she does not have a handicap placard visible] as to also prevent me from further using handicap parking. Additionally, only when further pressure was put on, did Respondent assist with resources that could help expedite my request for reasonable accommodation. For seven months, the Respondents made it close to impossible for me to get my reasonable accommodation.
- b. On or about August 8th and 23rd, 2016, during routine apartment inspections, on two separate occasions, Respondent made discriminatory statements directed at me, including "I wouldn't know, I am not Indian" [due to my Native America ancestry] and calling me "taco man" [I have a Hispanic sumame].



DEER NUMBER

HUD NUMBER

that I be allow request was in	anuary 24, 2017, ed to park in my o nitially rejected by n the appropriate	original parkin Respondent	g spot due to n	ny physical disal	bility [which they	knew of]. T	esting he octor
my mail. I report repairs. It took access to my	May 2017, my mail orted this to Resp cover two weeks mail. I believe that commodation req	ondent to get my ma it the delay in	who then had been to the whole who is the whole whole who is the whole whole who is the whole who is the whole whole who is the whole whole who is the whole whole whole whole whole whole who is the whole whole who is the whole whole whole whole who is the whole whole whole whole who is the whole whole whole whole whole whole whole whole who is the whole whole whole whole whole whole whole whole whole who is the whole	ad Respondent and to get my ne	ma w key, in the mea	ake the app antime I had	ropriate
Sunday, July await for Resp	uly, 2017, I receiv 16, 2017 to condu condent cheduled on a Sur	arrival;	t fan repair. I a	commodated the never arrived. I	e request and st believe that this	service ord	
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SIGNED UNDER PE	ENALTY OF PERJUR	Y					
the foregoing is	is complaint I am true and correct o matters I believe	of my own kno	owledge, excep	erjury under the t as to matters s	laws of the State stated on my info	e of Californ	nia that I belief,
Signature of Cor	mplainant or Com	nplainant's Le	gal Representa	itive:		Date:	
						11/3	24/12
Printed Name						1	,



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

DIRECTOR KEVIN KISH

2218 Kausen Drive, Suite 100 | Elk Grove I CA I 95758. 800-884-1684 | TDD 800-700-2320 www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

November 20, 2017

Email:

RE: Notice of Complaint

DFEH Number:

Oceanside Gardens Limited Partnership

Dear

This notice confirms that you have filed a housing inquiry and have been interviewed by a Department of Fair Employment and Housing representative. You must approve, sign and return the complaint before it can be investigated. If you do not approve the language on the complaint, please do not sign the complaint; instead, contact me to discuss your concerns. If you do not return the signed complaint within 10 days, your inquiry will be closed and no further action will be taken.

Please return the signed complaint using the Adobe EchoSign electronic signature. If you need further assistance, please feel free to contact the toll free telephone number at (800) 884-1684 with any questions you may have.

Please note that the information you provided is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava

Carla Rubalcava Associate Governmental Program Analyst 916-585-8143 carla.rubalcava@dfeh.ca.gov

RECEIVED

DEC 0 4 2017

Department of Fair Employment & Housing Elk Grove



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE



TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

29SC Sycamore LP

4251 23rd Street

(916) 366-6060

San Francisco, CA 94114

Dick James & Associates, Inc.

2260 Park Towne Circle, Ste. 204 Sacramento, CA 95825

(916) 332-7430

RW Zukin Corp.

4080 Campbell Ave.

Menlo Park, CA 94025

(650) 328-5050

AGENT FOR SERVICE

ADDRESS

PHONE

Capitol Corporate Services, Inc., Agent for Service for 29SC Sycamore Po Box 1831 Austin, TX 78767

LP

Agent for Service for Dick James & Associates, Inc. 2260 Park Towne Circle, Ste. 204 Sacramento, CA 95825

for RW Zukin Corp.

Agent for Service

4080 Campbell Ave. Menlo Park, CA 94025

PROPERTY TYPE

ADDRESS WHERE VIOLATION

NO. OF UNITS

OCCURRED

Apartment

120



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
September 1, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

I, was discriminated against and denied reasonable accommodation for a disability or medical condition at the subject property. The subject property is an apartment complex with approximately 120 units. The complex is owned by 29SC Sycamore, LP and has been managed by Dick James & Associates, Inc. and RW Zukin Corp.

On or about 2017, due to my physical disability, I submitted a reasonable modification to management requesting that a shower handle be installed in my shower. Management denied this request,

On or about 2017, due to my physical disability, I submitted a reasonable accommodation to management requesting that my front door's security door be installed properly. The security door in my unit seems to have been installed backwards and due to my physical disability, it makes it very difficult for me to open the door.

On or about September 2017, due to my physical disability, I submitted a reasonable accommodation to management requesting a nearby handicapped parking space. Management denied this request.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
May 1, 2018
BECAUSE OF MY ACTUAL OR PERCEIVED
Race; Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO
Denied equal terms and conditions
PARTICULARS

We were discriminated against and denied equal terms and conditions at the subject property

The subject property is an apartment complex with approximately 120 units. The complex is owned by 29SC Sycamore, LP and has been managed by Dick James & Associates, Inc. and RW Zukin Corp.

On or about September 2017, we submitted service requests for the collapsing kitchen sink, mold in the bathroom and bathroom countertops. Our service requests were ignored.



DFEH NUMBER

On or about December 2017, we requested keys to the complex's walk-in gate and pool, but our request was denied.

On or about late-February 2018, we again submitted service requests for the collapsing kitchen sink, mold in the bathroom and bathroom countertops. Our service requests were ignored.

On or about early May, 2018, we received a 60-day notice to vacate.

We believe we are being discriminated and are being denied equal terms and conditions due to our race (African-American) and past reasonable accommodation requests. We have personal knowledge that other tenants are receiving these services.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

05/19/18
DATE:
05.19.18

RECEIVED

MAY 2 3 2018

Page 3 of 3

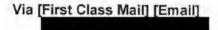
Department of Fair Employs and a nousing Els Grove



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

January 31, 2018





RE: Request to Approve Amended Complaint

DFEH Number: HUD Number:

et al.

Dear

We have amended your complaint based on the changes you requested. Please read the proposed amended complaint carefully. If you do not approve of the language on the complaint, do not sign it; instead, contact me within ten (10) calendar days to discuss your concerns. If you agree with the language, please sign and return the amended complaint as soon as possible. We must receive the signed complaint before it can be investigated. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at deborahf.brown@dfeh.ca.gov or by fax to 1-888-519-5917.

Please note the information you provide is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq. Thank you for your cooperation.

Sincerely,

Deborah F. Brown Consultant III (Specialist) 916-585-7085 deborahf.brown@dfeh.ca.gov



DFEH NUMBER		HUD NUMBER
COMPLAINANT	ADDRESS	PHONE
	TYPE OF	DISCRIMINATION AND LAW
		Government Code § 12955 Civil Code § 51, et seq.
NAMED IS THE EMPLOYER, PE	RSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY W	WHO DISCRIMINATED AGAINST ME
RESPONDENT(S)	ADDRESS	PHONE
PROPERTY TYPE	ADDRESS WHERE VIOLATION OCCURRED	NO. OF UNITS
Apartment		21

- Allegation -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
December 31, 2016
BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

a. On or around December 2016, I made two reasonable accommodation requests to Respondent I informed management that I needed a disabled parking space. I also informed them that I, and other disabled tenants at the property, needed access to the main gate because the paving was uneven and there was a ledge blocking the disabled tenants from getting access to the gate.

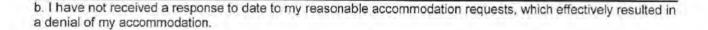
File Date: December 18, 2017

Amended



DFEH NUMBER

HUD NUMBER



SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

{{Dte_es_:signer1: date}}



DFEH NUMBER

HUD NUMBER

COMPLAINANT

ADDRESS

PHONE

OTHER AGGRIEVED PARTIES

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)	ADDRESS	PHONE
Building Better Neighborhoods, Inc.	1076 North State Street Ukiah, CA 95482	7074635462
Manager	1076 North State Street Ukiah, CA 95482	7074635462
Housing Manager	1076 North Street Ukiah, CA 95482	7074635462
	1076 North State Street Ukiah, CA 95482	7074635462
Community Development Commission of Mendocino County	1076 North State Street Ukiah, California 95482	7074635462

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

10

- Allegation -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE April 19, 2017

File Date: June 2, 2017 Amended RECEIVED

FEB 9 2018

Page 1 of 3

Department of rair Employment & Housing Elk Grove



DFEH NUMBER HUD NUMBER

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

Complainants are and her eleven year old son. Respondents are Manager), (Housing Manager), Community Development Commission of Mendocino County (Operator), and

Building Better Neighborhoods, Inc. (Owner). Complainant and Complainant's son are disabled as defined by the federal Fair Housing Act. Complainant's son requires the assistance of a health aide throughout the day and night. Complainant has a visual processing disability.

In 2014 Complainant informed Respondent complex that her son was severely disabled and made three requests for accommodations for his disability. She provided medical verification for the requests from the son's therapist. Complainant alleges the request was effectively denied by Respondents due to the preconditions placed on approving the request.

Complainant recently re-submitted the three accommodation requests with supporting documentation from her son's therapist for each. They were:

- I. That Complainant's adult son, who is a prior resident of the household and medically trained, move back into the home as a health aide;
- 2. Complainants be able to move into an apartment with an additional bedroom to enable Complainant's disabled son to have equipment in an exercise room; and,
- Complainant's disabled son be able to get a young service dog, which Complainant's therapist recommended be a puppy to assist Complainant's son to bond with the dog.

On March 9, 2017 Respondent denied the request for a service dog until the Complainant could propose a specific older dog that already has all its adult shots, was neutered, and licensed. Respondent also refused to consider any specific dog until all conditions were met and required that the dog never be on the property until it was approved. These prerequisites require Complainant to invest in the animal without any guarantee it would be approved. Respondent further declined to consider the other two accommodation requests until Complainant was approved for the dog.

Respondent also submitted a demand for many details regarding Complainant son's disability with a four day deadline for submission. On or about March 12 -13, 2017, Complainant provided the requested details and resubmitted her accommodation requests, noting that there should be no delay in processing the requests for an additional bedroom or her adult son's move back into the household as a health aide.

Complainant did not hear back for more than five weeks until she received another denial of all accommodation requests on April 19, 2017, from Respondent

Accompanying the denial was a demand for another long list of information about the household and Complainant's son. Complainant notes that Respondent managers have known about her son's disability since 2014, and have repeatedly received medical verification of the connection between the disability and each of the three requests. On April 30, 2017, Respondents approved the request for Complainant's adult son to be a health aid, but denied the other two requests.

File Date: June 2, 2017

Amended

Page 2 of 3



DFEH NUMBER	HUD NUMBER
SIGNED UNDER PENALTY OF PERJURY	
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전기 통하는 것은 이번에 대한 경기 위한 다른 다른 사람들이 되었다면 하는 것은 것이 되었다면 하는 것이 없는 것이 없는 것이 없다면 하는데	alty of perjury under the laws of the State of California that
the foregoing is true and correct of my own knowledge	except as to matters stated on my information and belief,

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

and as to those matters I believe them to be true.

DATE:

02-04-20



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

April 16, 2018

Via	Email:	

RE: Request to Approve Amended Complaint
DFEH Number:

Dear

We have amended your complaint to add the Unruh Civil Rights Act (Civil Code Section 51). Please read the proposed amended complaint carefully. If you agree with the language, please follow the Adobe EchoSign instructions to sign and return the amended complaint via email. If you do not approve of the language on the amended complaint, do not sign it; instead, contact me immediately at my direct telephone number or email address listed below my signature to discuss your concerns. We must receive the signed complaint before it can be investigated.

Please note the information you provide is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq. Thank you for your cooperation.

Sincerely,

Adele Cox

Adele Cox Associated Governmental Program Analyst (510) 789-1060 adele.cox@dfeh.ca.gov



COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955
Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

House

1



DFEH NUMBER

ect
mc
.,,,,
1
for

I ALLEGE THAT I EXPERIENCED Harassment ON OR BEFORE

September 23, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

PARTICULARS

From on or about September 8, 2017 to September 30, 2017, I experienced harassment from believe I experienced harassment because of my disability (mental).

she would

From on or about September 8, 2017 to September 30, 2017, whenever I interacted with shout, swear, and make derogatory comments (details on file with DFEH) although I notified her this exacerbates my disability. The yelling, swearing and derogatory comments created a hostile living environment.

- Allegation 2 -

This is violation of Government Code 12955, Subdivision (a) and (c).

File Date: February 7, 2018

Amended



DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED

Retaliation
ON OR BEFORE
September 30, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Requested or used a disability-related accommodation
AS A RESULT, I WAS SUBJECTED TO
Evicted
PARTICULARS

On September 18, 2017, I informed of my disability (mental), and requested reasonable accommodation. On September 21, 2017, I informed I would be moving out. On September 23, 2017, I returned to the subject property to collect my personal belongings, and found the house lock had been changed. I did not receive an explanation or notice to vacate. I believe the lock had been changed in retaliation for my request for reasonable accommodation. In addition, in retaliation, and did not return my deposit and instead charged me for storage of my personal belongings when I attempted to pick up my items on September 23, 2017.

This is a violation Government Code, Section 12955, Subdivision (f).

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Apr 16, 2018

File Date: February 7, 2018

Amended



DEEH NUMBER		HUD NUMBER
COMPLAINANT(S)	ADDRESS	PHONE
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*		· · · · · · · · · · · · · · · · · · ·
	e 1-	
	Y. A _p	
OTHER AGGRIEVED PARTIES		TYPE OF DISCRIMINATION AND LAW General - 12955 a
NAMED IS THE EMPLOYER, PERSON, AC	BENCY, ORGANIZATION OR GOVERNMENT EN	TITY WHO DISCRIMINATED AGAINST ME
RESPONDENT	ADDRESS	PHONE
AGENT FOR SERVICE	ADDRESS	PHONE
CO-RESPONDENT(S)	ADDRESS	PHONE

RECEIVED

NOV 27 2017

Department of Fair Employment & Housing Elk Grove



PROPERTY TYPE
Trailer Space or Mobile Home

ADDRESS WHERE VIOLATION OCCURED

HUD NUMBER

NO. OF UNITS

60

I ALLEGE THAT I EXPERIENCED

Discrimination, Retaliation

ON OR BEFORE

June 16, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability - [physical or mental], Engagement in

protected activity

AS A RESULT, I WAS

Denied equal terms and conditions, Denied reasonable accommodation, Evicted

STATEMENT OF FACTS

I. From March 25, 2017 to June 16, 2017, I was denied a reasonable accommodation, retaliated against and denied equal terms and conditions while residing in my 2-bedroom mobile home located at The property has 60 units and is owned by My rental amount is \$470.

- II. I believe that I was denied a reasonable accommodation (emotional support animal), denied equal terms and conditions, and evicted in retaliation due to my disability (mental) and engagement in a protected activity (reasonable accommodation request). This is a violation of Government Code section 12955(a) and (f). My belief is based on the following:
- A. On March 25, 2017, I was denied a reasonable accommodation request and subjected to differential treatment when I was served with a 7 day notice to comply with park rules due to my emotional support animal not being on a leash. In addition, the notice stated I needed pre-approval for my emotional support animal. I have witnessed other tenants, who are not disabled, be allowed to have their pets unleashed and not be served the same notice to comply.
- B. On April 16, 2017, I was served with a 60 day notice to vacate as a result of a second complaint about my emotional support animal not being on a leash. I believe the notice was served in retaliation for me not getting rid of my emotional support animal which I need in order to support my mental disability.
- C. On June 16, 2017, I moved out of the mobile home park as a result of me not being allowed to keep my emotional support animal.



DEEH NUMBER

HUD NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

Signature of Complainant or Complainant's Lecal Representative:			Date:
Printed Na		2	11/2//17
Philed Na	V		. /
-			



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 800-884-1684 | TDD 800-700-2320 www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

DIRECTOR KEVIN KISH

November 17, 2017



KEEP FOR YOUR RECORDS

RE: Request to Approve Complaint

DEEH Matter Number:

Dear

This notice confirms that you have filed an inquiry and have been interviewed by a Department of Fair Employment and Housing (DFEH) representative. You must approve, sign and return the complaint before it can be investigated. If you do not approve the language on the complaint, please do not sign the complaint, instead, contact me to discuss your concerns.

Please return the signed complaint by mail to DFEH, 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758 or by email to the email address below or by fax to 888•519•5917. If you do not return the signed complaint within 10 days, your inquiry will be closed and no further action will be taken.

If your pre-complaint inquiry is closed and you would like to appeal the decision, you may submit a written request within 10 days of the closure date to DFEH, District Administrator Colleen Janatpour, 2218 Kausen Drive, Suite 100 Elk Grove, CA or Colleen.Janatpour@dfeh.ca.gov or call (510)789-1040.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely.

Cauceya Navio

Lareeceia Harris Staff Services Analyst 510-789-1051

lareeceia.harris@dfeh.ca.gov

RECEIVED
NOV 27 2017
Department of Fair Employment & Housing



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

February 14, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

Camden Main And Jamboree et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via Echosign. If you do not approve of the language on the complaint, do not sign it; instead, contact me at my direct telephone number listed below my signature to discuss your concerns.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Ericka Njemanze Ericka Njemanze Sff Services Analyst 510-789-1047 ericka.njemanze@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

RESPONDENT(S)	ADDRESS	PHONE
Camden Main And Jamboree	2801 Main Street Irvine, California 92614	866-647-3293
	Office 2801 Main Street Irvine, California 92614	949-833-7900
	Office 2801 Main Street Irviine, California 92614	949-833-7900
	Office 2801 Main Street Irvine, California 92614	949-833-7900
	2801 Main Street Irvine, CA 92614	866-647-3293
John Thorpe Successor Trust	601 W. 5th Street, Ste. 800 Los Angeles, CA 90071-2009	213-680-9940
PROPERTY TYPE	ADDRESS WHERE VIOLATION OCCURRED	NO. OF UNITS
Apartment		292



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

November 1, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

From January 12, 2017 to November 1, 2017, I was denied a reasonable accommodation for a closer parking space while residing in my 2 bedroom unit located at the monthly rent was \$1595 and there are 292 units. The subject property is owned by John G. Thorpe Successor Trust and managed by Camden aka Camden Main & Jamboree and the their employees, and Senior Vise President of Camden Main & Jamboree,

From January 12, 2017 to November 1, 2017, I made a reasonable accommodation request for a closer parking space to my unit due to my physical disability. This request was made at least once or twice a month. The assistant manager, as a said they were not going to help me thus denying my reasonable accommodation, which exacerbated my disability and there was no interactive process.

This is a violation of Government Code, Section 12955, Subdivision (a) and Unruh Civil Code 51.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED

Retaliation

ON OR BEFORE

July 27, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Requested or used a disability-related accommodation

AS A RESULT, I WAS SUBJECTED TO

Denied equal terms and conditions

PARTICULARS

From January 12, 2017 to July 2017, I made a reasonable accommodation request for closer parking spot at least once or twice a month and on July 27, 2017, in retaliation management served me with a violation notice for leaving a stroller outside of my unit. However, I am aware of other tenants who have left items outside of their units and management did not serve these tenants with a similar violation notice.

This a violation of Government Code, Section 12955, Subdivision (a) and (f) and Unruh Civil Code 51

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED
Harassment
ON OR BEFORE
October 13, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED



DFEH NUMBER

PARTICULARS

On August 5, 2017, August 24, 2017 and September 3, 2017, Respondent, due to my national origin, which created a hostile living environment.

On August 24, 2017, I reported the visual harassment to the Senior Vice President of Camden, avail.

On September 21, 2017, Respondent, made the following verbal harassing comment, "I am going to hurt you and your family", which I believe is due to our national origin.

On October 13, 2017, I had to file a restraining order due to the continued visual and verbal harassment.

This is a violation of Government Code, Section 12955, Subdivision (a).

- Allegation 4 -

I ALLEGE THAT I EXPERIENCED

Harassment

ON OR BEFORE

October 24, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

PARTICULARS

On October 23, 2017, Respondent, made the following derogatory comment, "Move out you Muslim Terrorist". This derogatory comment created a hostile living environment.

On October 24, 2017, my neighbor made a derogatory comment to me based on his perception of my religion (details on file with DFEH). I sent a complaint through the management website to no avail.

This is a violation of Government Code, Section 12955, Subdivision (a).

- Allegation 5 -

I ALLEGE THAT I EXPERIENCED

Retaliation

ON OR BEFORE

November 20, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Reported or resisted any form of discrimination or harassment

AS A RESULT, I WAS SUBJECTED TO

Evicted

PARTICULARS

On November 3, 2017, Respondents failed to accept my rent in retaliation and on November 17, 2017, served me with a retaliatory eviction for reporting harassment based on my national origin, for opposing harassment due to Respondent's perception of my religion and for making a reasonable accommodation once or twice a month starting January 2017. We vacated our unit on November 20, 2017.

This is a violation of Government Code, Section 12955, Subdivision (f) and Civil Code 51.



DFEH NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Feb 20, 2018 {{Dte_es_:signer1:

date}}



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

March 14, 2018





RE: Request to Approve Complaint
DFEH Number:

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Ericka Sjemanse

Ericka Njemanze Staff Services Analyst (510) 789-1047 ericka.njemanze@dfeh.ca.gov



DFEH NUMBER COMPLAINANT **ADDRESS** PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) **ADDRESS** PHONE PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Apartment



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

July 16, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Marital status

AS A RESULT, I WAS SUBJECTED TO

Subjected to discriminatory statements/advertisement

PARTICULARS

On July 16, 2017, we were subjected to a discriminatory inquiry at the subject property where the violation occurred, which is a 2-bedroom unit. There

are 4 units and our rental amount was \$2145. The subject property is owned and managed by

On July 19, 2017, we met with Respondent, and during this meeting he asked if we were married.

This is a violation of Government Code, Section 12955, Subdivision (b) and Civil Code 51.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

November 30, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Familial status (Children)

AS A RESULT, I WAS SUBJECTED TO

Subjected to restrictive rule/covenant

PARTICULARS

From July 16, 2017 to November 30, 2018, we were subjected to overly restrictive rules. On July 16, 2017, when we met with the stated that our child was not allowed to play outside and because of this comment, we did not allow our child to play outside during our tenancy.

This is a violation of Government Code Section 12955, Subdivision (a) and Civil Code 51.



DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED
Harassment
ON OR BEFORE
November 30, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED

PARTICULARS

From July 16, 2017 to November 30, 2017, we were subjected to harassment based on our disability (mental) and race (African-American).

On July 16, 2017, we made Respondent,	aware of Complainant,
	came to our unit regarding a repair. During this visit,
became loud and yelled at	starting, "Well why don't you go ahead and hit me!"
was aware that this statement wou	ald trigger disability and therefore, we believe this
	isability, which created a hostile living environment.
From July 16, 2017 to November 20, 201	7 during our tonours Donous Lat

From July 16, 2017 to November 30, 2017, during our tenancy Respondent, made several verbal harassing statements when he referenced us as "you people", which we believe is based on our race, which created a hostile living environment.

This is violation of Government Code Section 12955, Subdivision (a).



DFEH NUMBER	
- Allegation 4 -	
I ALLEGE THAT I EXPERIENCED	
Discrimination	
ON OR BEFORE	
November 30, 2017	
BECAUSE OF MY ACTUAL OR PERCEIVED	
Disability (physical or mental);Race	
AS A RESULT, I WAS SUBJECTED TO Evicted	
PARTICULARS	
On October 4, 2017, we were served with an eviction and vacated on	November 30, 2017, which we
believe is based on our disability (mental) and race (African-American).
On October 4, 2017, served us with an eviction notice, attended an unlawful detainer and was forced out on November 30, 20 due to disability because attempted to trigger discriminatory/harassing statements during our tenancy. In addition, we motivated because made several statements referring to us tenancy.	017. We believe we were evicted his disability by making we believe the eviction is racially
This is violation of Government Code Section 12955, Subdivision (a) a	and Civil Code 51.
SIGNED UNDER PENALTY OF PERJURY	
By submitting this complaint I am declaring under penalty of perjury un	nder the laws of the State of
California that the foregoing is true and correct of my own knowledge,	except as to matters stated on
my information and belief, and as to those matters I believe them to be	e true.
SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:	DATE
	Mar 14, 2018

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE: DATE:

Mar 14, 2018



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email.contact.center@dfeh.ca.gov

May 9, 2018

Via Email

RE: Request to Approve Complaint

DFEH Number:

MidPen Housing Corporation et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My information is below.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Ericka Njemanze

Ericka Njemanze Staff Services Analyst (510) 789-1047 ericka.njemanze@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

MidPen Housing Corporation

ADDRESS

PHONE

PHONE

303 Vintage Park Drive, Ste. 250 Foster City, CA 94404

650-356-2900

MP San Mateo Transit Associates, LP

303 Vintage Park, Ste. 250 Foster City, CA 94404

AGENT FOR SERVICE

Agent for Service for MP San Mateo Transit Associates, LP

Agent for Service for MidPen Housing Corporation **ADDRESS**

303 Vintage Park, Ste. 250 Foster City, CA 94404

303 Vintage Park, Ste. 250 Foster City, CA 94404

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

68



DFEH NUMBER

- Allegation 1 -I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE December 1, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Race AS A RESULT, I WAS SUBJECTED TO Denied equal terms and conditions **PARTICULARS** From January 3, 2017 to December 1, 2017. I was subjected to differential treatment while residing in my 2bedroom unit located at The owner is MP San Mateo Transit Associates, LP and is managed by MidPen Housing Corporation and its employee 68 units and my rent was \$394 and the balance is paid by Section 8. I believe I was subjected to differential treatment due to my race (African-American). On January 3, 2017, I requested to reserve the community room in advance for a family function. However, for each date requested, I was denied. On January 7, 2017, which is the date I wanted to reserve the room, it was not being used by any other tenant. On January 14, 2017, a non-African-American tenant notified me that she recently reserved the community room on January 10, 2017, just four days prior to her event and she was approved. On March 1, 2017, I was verbally notified by the manager, that she called the police on my son claiming he fired a pellet gun. However, it is my understanding that there were several non-African-American children who were involved and did not call the police on these other children. asked if I get food stamps, stated I was lucky to be in a program that helped me with my rent, wanted to know how I could afford to feed my family, and asked if my children's father paid child support. does not ask these type of questions to non-African-American tenants. On October 1, 2017. called me and stated I needed to get written approval before having my carpets cleaned. However, I am aware of a non-African-American tenant who was not required to get written approval before having her carpets cleaned. On December 1, 2017. came outside and told my two children that they needed to remove their remote control cars from the premises. However, she did not state the same to the non-African-American children who were also playing with remote control cars.

This is a violation of Government Code Section 12955, Subdivision (a) and Civil Code 51.



DFEH NUMBER

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE December 1, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

From February 1, 2017 to December 1, 2017, I was denied a reasonable accommodation/interactive process while residing at the subject property.

I believe I was denied a reasonable accommodation due to my son's disability (physical).

On Februa	ary 1, 2017, I requ	ested a larger unit o	due to my son's disability	 Although it was approved, the manage immodation, which exacerbated by son's
disability.	In addition,	failed to engag	ge in an interactive proce	ess.
larger unit, first reques	, but she stated th st of February 1, 2	ere were no units a 2017 to my last requ	available. However, I bel	onable accommodation to transfer to a ieve there was a unit available from my This denial exacerbated my son's ess.
				5 - V-2 v W 2 - V 1

This is a violation of Government Code Section 12955, Subdivision (a) and Civil Code 51.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief. and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:	DATE
	May 14, 2018



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

February 14, 2018

Via [First Class Mail] [Email]

RE: Request to Approve Complaint

DFEH Number:

VK CK Sherman Oaks Venture, LLC et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava

Associate Governmental Program Analyst

(916) 585-8143

carla.rubalcava@dfeh.ca.gov

Carla Rubalcana



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

WK CK Sherman Oaks Venture, LLC

30 S. Wacker Drive, Suite 3600 Chicago, IL 60606

(312) 948-4500

Waterton Property Management, LLC

30 S. Wacker Drive, Suite 3600 Chicago, IL 60606

(312) 948-4500

AGENT FOR SERVICE

ADDRESS

PHONE

CT Corporation System, Agent for Service for WK CK Sherman Oaks Venture, LLC

818 West Seventh Street, Suite 930 Los Angeles, CA 90017

CT Corporation System, Agent for Service for Waterton Property Management, LLC

818 West Seventh Street, Suite 930 Los Angeles, CA 90017



DFEH NUMBER

PROPERTY TYPE ADDRESS WHERE VIOLATION OCCURRED

Apartment 260

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
May 3, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

On or about May 3, 2017, due to my disability [physical], I submitted a supplemental reasonable accommodation request to Respondents McIlwaine, Wilmore and Tenant Liaison requesting to be relocated to a quiet/non-smoking apartment away from all the impending construction that would be happening inside and around my unit. This reasonable accommodation request was a follow-up to my original reasonable accommodation request to be moved to a unit on a specific area of the property that was submitted and approved by management on or about June, 2015. In my original reasonable accommodation request I requested to be permanently relocated because my downstairs neighbor is a chain smoker and inhaling second-hand smoke has caused me asthma, exacerbated this disability [physical] and ability to breathe. Respondents have done everything in their power to deny or interfere with my reasonable accommodation requests and to date I have not been relocated.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
May 31, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO
Denied equal terms and conditions
PARTICULARS

On or about late-May 2017, my next door neighbor, who is on a non-smoking lease and should not be allowed to smoke anywhere on the premises, was verbally told by Respondent that she was permitted to smoke outside of the apartment, including her balcony. I believe this was deliberately done by Respondent to further discriminate and harass me for requesting a reasonable accommodation to be moved because of my smoking neighbors. Additionally, this should have never been permitted by Respondent since he knows about my reasonable accommodation request and my disability that can be exacerbated by second-hand smoke.



DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

February 7, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Age (40 and over); Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied equal terms and conditions

PARTICULARS

- a. On or about December 2, 2017, I received a 3-day notice from Respondent Waterton Property Management, LLC through my lawyer for allegedly parking incorrectly and for having my dog off the leash.
- b. On or about January 25, 2018, I received a 3-day notice to cure from Respondent Waterton Property Management for allegedly blocking accesses and causing a safety hazard due to the presence of boxes and plant outside of my unit.
- c. On or about February 7, 2018, I received another 3-day notice to quit despite the fact that I have responded and/or cured what was asked. In the last year, I have received approximately five 3-day notices and attorney letters regarding situations at the complex that I believe have been handled appropriately by my part. I have personal knowledge that other tenants are not getting the same amount of 3-day notices, if any at all. I believe Respondents at Waterton Property Management, LLC are constantly issuing me baseless 3-day notices as a harassment tactic to push me out as a tenant due to my age and reasonable accommodations requests.

- Allegation 4 -

I ALLEGE THAT I EXPERIENCED

Harassment

ON OR BEFORE

February 7, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Age (40 and over); Disability (physical or mental)

PARTICULARS

- a. On or about December 2, 2017, I received a 3-day notice from Respondent Waterton Property Management, LLC through my lawyer for allegedly parking incorrectly and for having my dog off the leash.
- b. On or about January 25, 2018, I received a 3-day notice to cure from Respondent Waterton Property Management for allegedly blocking accesses and causing a safety hazard due to the presence of boxes and plant outside of my unit.
- c. On or about February 7, 2018, I received another 3-day notice to quit despite the fact that I have responded and/or cured what was asked. In the last year, I have received approximately five 3-day notices and attorney letters regarding situations at the complex that I believe have been handled appropriately by my part. I have personal knowledge that other tenants are not getting the same amount of 3-day notices, if any at all. I believe Respondents at Waterton Property Management, LLC are constantly issuing me baseless 3-day notices as a harassment tactic to push me out as a tenant due to my age and reasonable accommodations requests.



DFEH NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Feb 14, 2018



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

January 3, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

Laurelglen Properties LLC et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at mario.anzaldua@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Mario Anzaldua
Associate Governmental Program Analyst
916-585-8153
mario.anzaldua@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

Laurelglen Properties LLC

ADDRESS

PHONE

1181 California Ave., #170 Corona, CA 92881

AGENT FOR SERVICE

Agent for Service for Laureigien Properties LLC **ADDRESS**

PHONE

6900 Mountain View Rd Bakersfield, CA 93307

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

336

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

July 28, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS



DFEH NUMBER

950747-308425

On or about July 28, 2017, I submitted a reasonable accommodation request to Respondent to have the painting crew wear medically necessary protective gear while on my balcony; this is a requirement of my disability and condition. Respondent denied my request.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED Retaliation ON OR BEFORE August 3, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Requested or used a disability-related accommodation

AS A RESULT, I WAS SUBJECTED TO

Denied equal terms and conditions

PARTICULARS

On or about August 2, 2017, Respondent cut all communications with me and had her attorney send my husband and me a threatening letter stating our behavior was in violation of our lease and that it interfered with their ability to complete their work. All I wanted was my reasonable accommodation granted.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:		DATE:
	Jan 4, 2018	



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

December 22, 2017

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

WP Overland Court Apartments, LP et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava
Associate Governmental Program Analyst
(916) 585-8143
carla.rubalcava@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code 12955

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

WP Overland Court Apartments, LP

310 N Westlake Blvd. #210 Westlake Village, CA 91362

Buckingham Property Management

2170 N Winery Ave. Fresno, CA 93703 (559) 452-8250

AGENT FOR SERVICE

Agent for Service 2170 N W

for Buckingham Property

Management

Agent for Service for

WP Overland Court Apartments, LP

ADDRESS

2170 N Winery Ave. Fresno, CA 93703

310 N Westlake Blvd. #210 Westlake Village, CA 91362

PROPERTY TYPE

ADDRESS WHERE VIOLATION

OCCURRED

Apartment

NO. OF UNITS

70

PHONE



DFEH NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE July 17, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS

Denied rental/sale/lease; Denied reasonable accommodation for a disability or medical condition; Denied equal terms and conditions

PARTICULARS

On or about July 17, 2017, I was denied rental due of my Emotional Support Animal [ESA]. Although I had all the proper documentation for my ESA, property manager Respondent failed to engage in an interactive process and stated that under no circumstances were pets allowed. I went through a lengthy application process, including an interview on or about May 17, 2017, where there had been no mention of pets not being allowed.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Dec 29, 2017



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

December 28, 2017

Via [First Class Mail] [Email]



RE: Request to Approve Complaint DFEH Number:

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava Associate Governmental Program Analyst (916) 585-8143 carla.rubalcava@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code 12955

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

Capron Real Estate, Inc. DBA Vertical Horizon Real Estate & Property Management 2220 Otay Lakes Rd., Suite 502-92 Chula Vista, CA 91915

(619) 847-3100

AGENT FOR SERVICE

Agent for Service for Capron Real Estate, Inc. DBA Vertical Horizon Real Estate & Property Management **ADDRESS**

2220 Otay Lakes Rd, Suite 502-92 Chula Vista, CA 91915 PHONE

(619) 847-3100

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Condominium

100



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
June 22, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)

AS A RESULT, I WAS

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

On or about June 22, 2017, I submitted a reasonable accommodation to Respondent requesting that I be allowed to have my newly prescribed Emotional Support Animal [ESA] live with me. Respondent immediately denied my request, did not engage in an interactive process and threatened to evict my roommate and me. I immediately, rehomed my ESA with a relative out-of-state, due to fear of being evicted.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE July 24, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS Denied reasonable accommodation for a disability or medical condition **PARTICULARS** On or about July 24, 2017, due to push back from Respondent I submitted a second, more detailed reasonable accommodation letter, requesting that my ESA be allowed to live with me. Respondent previously mentioned that the first letter was not specific because it didn't state what my disability was and how discussed my second reasonable accommodation request with the the ESA would help me. Respondent owner, Respondent and they decided to again deny my request.



DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
September 2, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS
Denied equal terms and conditions
PARTICULARS

On or about September 2, 2017, I emailed Respondent accopy of the Fair Employment and Housing Act highlighting my rights as a tenant to have an ESA. To date, Respondents responded to this email and maintain that my ESA is not allowed at the subject property.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Dec 28, 2017



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact center@dfeh.ca.gov

December 21, 2017

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

The Steven W. Reiss Trust Dated May 8, 1998 et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888•519•5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seg.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava Associate Governmental Program Analyst (916) 585-8143 carla.rubalcava@dfeh.ca.gov



DFEH NUMBER COMPLAINANT **ADDRESS** PHONE TYPE OF DISCRIMINATION AND LAW Government Code 12955 NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) ADDRESS PHONE The Steven W. Reiss Trust Dated 1574 W Alexis Ave. May 8, 1998 Anaheim, CA 92802 PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Other (Duplex) 2



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE January 1, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental)

AS A RESULT, I WAS

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

On or about January 2017, due to my disability [mental/physical], I submitted a reasonable accommodation to requesting the mold in my unit be removed because it was exacerbating my condition. On or about February 2017, a mold specialist came out and determined the mold damage was extensive and major tear out and repairs needed to be done. I was moved to a hotel, which the landlord reluctantly paid, while the mold in my unit was removed. I moved back in to my unit after the repairs were made, but I quickly noticed that the mold was not properly removed and was merely painted over. We reported this to Respondent that my reasonable accommodation request was not properly addressed.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE August 1, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS Denied equal terms and conditions PARTICULARS

On or about late August, 2017, I received a 60-day notice to vacate from Respondent was in retaliation for being vocal about the mold and for requesting reasonable accommodation due to my disability.



DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

September 11, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS

Denied equal terms and conditions

PARTICULARS

On or about September 11, 2017, we were notified that an unlawful detainer was filed by Respondent

t E

- Allegation 4 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

November 8, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS

Evicted

PARTICULARS

On or about November 8, 2017, I was evicted by Respondents evicted for being vocal about the mold issue in my unit and for requesting a reasonable accommodation.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Dec 27, 2017



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

December 22, 2017

Via [First Class Mail] [Email]

RE: Request to Approve Complaint

DFEH Number:

The Kelly Armstrong Revocable Inter Vivos Trust, Dated February 23, 2012 et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava

Carla Rubalcava Associate Governmental Program Analyst (916) 585-8143 carla.rubalcava@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code 12955 & 12955.7

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

The Kelly Armstrong Revocable Inter Vivos Trust, Dated February 23, 2012 **ADDRESS**

PHONE

63 Central Ave. Sausalito, CA 94965

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

2



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED
Harassment
ON OR BEFORE
August 27, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS

PARTICULARS

On or about August 27, 2017, I told Respondent I had a mental disability. Upon learning of my disability, Respondent started to make more inquiries and insinuations about my disability.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED
Harassment
ON OR BEFORE
September 11, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS

PARTICULARS

On or about September 11, 2017, I received a harassing email from Respondent with a link to a news article concerning my disability and a message stating, "32 days and counting" [a countdown to the day I would be moving out]. Also on or about September 11, 2017, Respondent sent me an email threatening me. She asked me what I was willing to pay her to resolve what she thought I owed. She was trying to intimidate me with knowledge she had of my past and background concerning my mental disability. Respondent gave me a concrete amount I owed. I believe she was trying to extort more money from me by insinuating she could divulge my medical history and my past.



DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED
Harassment
ON OR BEFORE
September 18, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS

PARTICULARS

On or about September 18, 2017, Respondent sent me an email stating, "you have been prescribed multiple Rx medications for your condition and might also be diagnosed as schizophrenic". Respondent started to harass me and treat me different upon learning of my disability.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Dec 23, 2017



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email; contact.center@dfeh.ca.gov

February 16, 2018

Via [First Class Mail] [Email]

RE: Request to Approve Complaint

DFEH Number:

Friendship Manor, Inc. et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely.

Carla Rubalcava

Associate Governmental Program Analyst

(916) 585-8143

carla.rubalcava@dfeh.ca.gov

Carla Rubalcaria



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

Friendship Manor, Inc.

ADDRESS

6647 El Colegio Rd. Goleta, CA 93117

PHONE

(805) 968-0771

AGENT FOR SERVICE

Agent for Service for Friendship Manor, Inc.

ADDRESS

6647 El Colegio Rd. Goleta, CA 93117

PHONE

PROPERTY TYPE

ADDRESS WHERE VIOLATION

OCCURRED

Condominium

200

NO. OF UNITS



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

October 1, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

On or about October, 2017, I submitted a reasonable accommodation to Respondent allowed to keep the window air conditioner due to my disability [physical]. Respondent an interactive process even though I provided him my doctor's note.

requesting that I be failed to engage in

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

January 1, 2018

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Evicted

PARTICULARS

a. On or about November, 2017, Respondent served me with an eviction notice and a letter stating that I was being evicted for having a window air conditioner. I believe I was being discriminated because of my reasonable accommodation request and medical need for an air conditioner.

 b. On or about January 2018, I was evict. 	ed b	VC	Responden
---	------	----	-----------

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

Signature of Complainant or Complainant's Legal Representative:

DATE:

Feb 16, 2018



2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 (Voice) I (800) 700-2320 (TTY) | California's Relay Service at 711 http://www.dfeh.ca.gov I Email; contact.center@dfeh.ca.gov

July 27, 2018

Via [First Class Mail] [Email]

RE: Request to Approve Amended Complaint

DFEH Number:

Dear

We have amended your complaint. Please read the proposed amended complaint carefully. If you do not approve of the language on the complaint, do not sign it; instead, contact me within ten (10) calendar days to discuss your concerns. If you agree with the language, please sign and return the amended complaint as soon as possible. We must receive the signed complaint before it can be investigated. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at lezlie.cannon@dfeh.ca.gov or by fax to 1-888-519-5917.

Please note the information you provide is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq. Thank you for your cooperation.

Sincerely.

Lezlie Cannon

Lezlie Cannon Staff Services Manager I 916-585-8154 lezlie.cannon@dfeh.ca.gov



DFEH NUMBER HUD NUMBER COMPLAINANT **ADDRESS** PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) **ADDRESS** PHONE R and J. Scott Living Trust Dated 715 N. Central Avenue #300 April 4, 2007 Glendale, CA 91203 PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Apartment 20



DFEH NUMBER	HUD NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE March 2, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

The Complainant is who is disabled as defined by the federal Fair Housing Act. The Respondents are [Property Manager], Property Manager], of David N. Schultz, Inc.], David N. Schultz, Inc. [Property Management Company] and Park Encino, LLC [Owner].

The Complainant moved to the subject property in or around 03/2015, believing it to be smoke-free. However, as the Complainant soon learned, the subject property was not, in fact, smoke-free, and upon complaining to the Respondents, floor-plan schematic signs were placed around the subject property indicating smoking designations for individual units.

On or around 07/28/2016, new tenants moved into a unit adjacent to the Complainant's, only for her to discover that they were smokers. On 03/02/2017, on behalf of the Complainant, a local fair housing agency submitted to separate doctor's letters to the Respondents, each of which identified the Complainant as an individual with a disability, explained that her disabilities were exacerbated by the exposure to second-hand smoke, and reiterated the Complainant's request for a reasonable accommodation to address the smoking at the subject property. As her complaints to the Respondents went ignored, she began to deposit half of each month's rent into escrow. Aside from a one-month period in which it appeared the smoker was gone, the Complainant deposited half of rent into escrow until in or around 04/2017, when the smoker seems to have left the subject property.

The Complainant alleges that the Respondents intimidated her, stonewalled her and stalled, and made the process overly and unnecessarily burdensome. Finally, in or around 04/2017, the Complainant sent the Respondents a letter requesting compensation for the loss of the use of her home as a result of the smoking.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief. and as to those matters I believe them to be true.

File Date: August 8, 2017

Amended

Page 2 of 3



DFEH NUMBER

HUD NUMBER

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Jul 30, 2018



DIRECTOR KEVIN KISH

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 800-884-1684 | TDD 800-700-2320 www.dfeh.ca.gov | email: contact center@dfeh.ca.gov

November 14, 2017



RE: Notice of Complaint DFEH Number:

Dear

This notice confirms that you have filed a housing inquiry and have been interviewed by a Department of Fair Employment and Housing representative. You must approve, sign and return the complaint before it can be investigated. If you do not approve the language on the complaint, please do not sign the complaint; instead, contact me to discuss your concerns. If you do not return the signed complaint within 5 days, your inquiry will be closed and no further action will be taken.

Please return the signed complaint using the Adobe EchoSign electronic signature. If you need further assistance, please feel free to contact the toll free telephone number at (800) 884-1684 with any questions you may have.

Please note that the information you provided is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seg.

Thank you for your cooperation.

Sincerely,

Nora Baltierrez-Moreno

Nora Baltierrez-Moreno Consultant II 661-395-2562 nora.baltierrez-moreno@dfeh.ca.gov



COMPLAINANT(S)

ADDRESS

PHONE

OTHER AGGRIEVED PARTIES

TYPE OF DISCRIMINATION AND LAW

General - 12955 a

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT	ADDRESS	PHONE
AGENT FOR SERVICE	ADDRESS	PHONE
CO-RESPONDENT(S) Director Berkeley Housing Authority	ADDRESS 1936 University Avenue, Suite 150 Berkeley, California 94704	PHONE (510) 981-5470
Housing Case Manager/Berkeley Housing Authority	1936 University Ave., Suite 150 Berkeley CA 94702	(510) 981-5470
LBL Properties	5735 Shattuck Avenue Oakland ,CA 94609	(510) 594-9700
LBL Properties	5735 Shattuck Avenue Oakland, CA 94609	(510) 594-9700



DEEH NUMBER		HUD NUMBER
PROPERTY TYPE Apartment	ADDRESS WHERE VIOLATION OCCURED	NO, OF UNITS
I ALLEGE THAT I EXPERIENCED	Discrimination	
ON OR BEFORE	July 26, 2017	
BECAUSE OF MY ACTUAL OR PERCEIVED	Disability - [physical or mental]	
AS A RESULT, I WAS	Denied reasonable accommodation	
located at and is owned by and Berkeley Housing Authority (HA), Housing Report or my disability. This is a violation of Go On April 12, 2017, I informed the response specifically, I needed a 24 hour per day reasonable accommodation by presented a letter from my primary care	This property is an apartment of and managed by LBL Property, Director, essentative. II. I believe that I was denied reasonable overnment Code section 12955 (a). My belief is based and seven days per week live-in aide. B. On April 2 Administrative Assistant. C. On J provider confirming my need for reasonable accommodation. D. On June 27, 2017, the decision to describe the property of the provider confirming my need for reasonable accommodation. D. On June 27, 2017, the decision to describe the property of the provider confirming my need for reasonable accommodation. D. On June 27, 2017, the decision to describe the property of the	Property Manager Representative and a accommodation due ed on the following: A to my disability, 26, 2017, I was denied fune 6, 2017, I modation. This was



DEEH MUMBED

HUD NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

Signature of Complainant or Complainant's Legal Representative:

Date:

Nov 14, 2017

DEEM NUMBER COMPLAINANTIS) ADDRESS

HUD NEMBER

PHONE

OTHER AGGREVED PARTIES

TYPE OF DISCRIMINATION AND LAW Harassment or Retaliation - 12955 f

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT

ADDRESS

PHONE

Vintage Chateau, LP

325 N McDowell Blvd Petaluma California 94954

USA Properties Fund

ADDRESS

PHONE

Vintage Chateau And 3200 Douglas Blvd., Suite 200 Roseville California

95661

CO-RESPONDENT/S)

ADDRESS

PHONE

USA Multifamily Management, Inc. AKA USA Properties

3200 Douglas Blvd., Suite 200 Roseville California 95661

(916) 773-6060



neer	AITIMPER	HENNUMBER
PROPE	RTY TYPE ment	ADDRESS WHERE VIOLATION OCCURBD NO. OF UNITS 75
LALLEC	THAT I EXPERIENCED	Retaliation
ON OIL	BUFORE	August 29, 2017
BECAU	SE OF MY ACTUAL OR PERCEIVED	Disability - [physical or mental]
AS A RE	SULT. I WAS	Other
STATEN	MENT OF FACTS	
11.	Properties Fund Inc. The manager, completely clear the floors in furniture into the living room, by the maintenance man that the path to the windows with the path to the windows with the furniture was there entitled the floors in the manager.	partment building owned by Vintage Chateau, LP and Managed by USA anager is retaliatory acts in the form of violation notices and subjected to unequal my engagement in a protected activity. On October 31, 2016 I filed a on the basis of denial of reasonable accommodation. I believe that based abjected to retaliatory actions. This is violation of Government Code based on the following: equest, a maintenance man came to clean my kitchen floors. Prior to this, sent me an email verifying the date and time and telling me to the area or the work would not be performed. I and my son, moved the including a table and chairs and left. When we returned we were notified the manager had performed a walk-through at that time. 2017, I received a lease violation notice from stating was blocked by furniture. Upon further investigation, I was informed that se that was violated, and instead that we had broken first a tax code, and
	Since then, I have spoken with who have not received any no	other tenants who also have furniture located in front of their windows ices of lease violation.
	c. I have kept records of the em- retaliation for the Fair Housi	ils exchanged between and me as I believe this is in ag complaint I submitted to DFEH on October 31, 2016.

one of the maintenance persons on the property, also continues to use toxic chemicals in

the common areas that exacerbate my medical conditions. This occurred during the period preceding

my housing complaint filed on October 31, 2016 and continuing. I believe that this is also in retaliation of filing a complaint of housing discrimination.



णाः नाम् का ना*्रा*

\$205 to

COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA FAIR EMPLOYMENT AND HOUSEIG ACT

11. 11. 12. 11. 11. 11.

SEPRED UNDER PURCLETT OF SCHARLEY

By salemetting this complaint I am declaring under possibly of perjusy makes the new of the State of Consorna that the integrang is true and context of my own knowledge, sociept to makes seared on my information and belief, and as a those markers I relieve Have to be true.

042:47



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

March 21, 2018

Via Email:	
A 100	



RE: Request to Approve Complaint

DFEH Number:

Coronado Square, LP et al.

Dear

The enclosed draft complaint is the result of your interview with me on February 8, 2018. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via Adobe EchoSign electronic signature. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

If your inquiry is closed and you would like to appeal the decision, you may submit a written request within 10 days of the closure date to DFEH, Supervisor Colleen Janatpour, 2218 Kausen Drive, Suite 100 Elk Grove, CA 95758, colleen.janatpour@dfeh.ca.gov or by calling (510)789-1040.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely.

Lareeceia Harris

Lareeceia Harris Staff Services Analyst 510-789-1051 lareeceia.harris@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

Coronado Square, LP

ADDRESS

230 S Coronado St. #41 Los Angeles, CA 90057

PHONE

(213) 387-5426

Unger & Associates

13347 Ventura Blvd Ste. 201 Sherman Oaks, CA 91423

(818) 783-4969

PHONE

AGENT FOR SERVICE

Agent for Service for

Coronado Square, LP

ADDRESS

100 So. Citrus Ave Los Angeles, CA 90036

Agent for Service for Unger & Associates

13347 Ventura Blvd Ste. 201 Sherman Oaks, CA 91423

(818) 783-4969

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

40



DFEH NUMBER

- Allegation 1 -I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE August 28, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS SUBJECTED TO Denied reasonable accommodation for a disability or medical condition **PARTICULARS** From April 2017 through August 28, 2017, I was denied reasonable accommodations/interactive process while residing in my one-bedroom apartment located at property is owned by Coronado Square, LP and managed by Unger & Associates, Inc. and its employee The subject property has 40 units. My rental amount is \$1539.00. In early spring 2017, the City of Los Angeles instructed to place a padlock on the entrance gate because it was broken. After the padlock was placed on it, I made a reasonable accommodation request asking to repair the gate lock to allow me to enter the pool areas closest to my door to accommodate my disability. This request was denied and failed to engage in an interactive process. From April 2017 through August 28, 2017, I made a reasonable accommodation request to the manager. to allow me to have a closer parking space to accommodate my disability (physical). she would need to look into it, but never did. In May 2017, I was aware that there were available parking spaces and I asked again for a closer parking space. However, old me to ask another tenant if she would trade spaces with me. From May and August 2017, my neighbor moved out and I began to use the parking space #31, which was closer to my back door and accommodated my disability. However, notified me that I was not allowed to park in this parking space, thus continuing to deny my requested for a closer parking space. This denial exacerbated my disability. In addition, failed to engage in an interactive process.

This is a violation of Government Code, Section 12955, Subdivision (a) and Civil Code 51 of the Unruh Act.



DFEH NUMBER

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
May 1, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO

Subjected to discriminatory statements/advertisement

PARTICULARS

In or around April 2017 through May 2017, I was subjected to discriminatory statements in regards to my disability (physical) by When I made the reasonable accommodation request to have a closer parking space to accommodate my disability. Same said, "you do not look disabled and what is your problem". In addition, in May 2017, Stated "how are you able to work in the flower bed planting flowers if you are disabled".

This is a violation of Government Code, Section 12955, Subdivision (a) and Civil Code 51 of the Unruh Act.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Mar 27, 2018

Housing Discrimination Complaint

	110431116 1713	Companie
Case	Number:	DFEH Matter Date Filed: June 2, 2017
1.	Complainants:	Date Filed. Julie 2, 2017
2.	Complainant Representatives:	
3.	Other Aggrieved Parties:	
4.	The following is alleged to have	occurred or is about to occur:
	 Failure to make reasonable Discriminatory refusal to r 	
5.	The alleged violation occurred b	pecause of:
	 Handicap 	
6.	Address and location of the pro- city and state where the discrim	perty in question (or if no property is involved, the ination occurred):
	Cambridge Square Apartments	
7.	Respondents:	
	H&L Property Management 4304 Redwood Highway Ste. 200	
	San Rafael, CA 94903	RECEIVED
		JUN 09 2017

Department of Fair Employment & Housing Elk Grove Rifkind Law Group 100 Drakes Landing Road, Suite 260 Greenbrae, CA 94904

8. The following is a brief and concise statement of the facts regarding the alleged violation:

Complainant is a disabled veteran. Respondents are H&L Management Co. (Management Company). (Manager) and their attorney Complainant alleges Respondents have refused to accommodate her disabilities.

In late September 2016, Complainant's medical provider altered her mental health medication, which on December 20, 2016 resulted in a manic episode on the property where she created noise, and someone called the police. As a result, the complainant was hospitalized. When she returned home from the hospital, she found a Three-Day Notice to Quit.

On January 5, 2017, there was an altercation between Complainant and Respondent which resulted in Complainant being arrested and charged with false imprisonment (Complainant has since been admitted to a pretrial diversion program). Respondents issued Complainant a notice terminating her tenancy on January 16, 2017.

On March 5, 2017, Complainant's attorney at Sonoma County Legal Aid submitted a reasonable accommodation request asking Respondents to rescind the notice due to the aforementioned events being caused by her disability. Respondent request on March 20, 2017. Subsequently, Complainant submitted more detailed accommodation request to Respondent on April 14, 2017. Respondent denied the request, but offered to extend Complainant's tenancy until May 31, 2017. Complainant sought assistance from Fair Housing Advocates of Northern California, that an extension did not meet Complainant's who explained to Respondent need, and followed up with further verification of Complainant's disabilities. This included a letter from her medical provider stating that the Complainant's medication has since stabilized, that she did not pose a threat to others, and that in his opinion, there was little likelihood the December and January events would occur again in the future. Complainant also offered to abide by a behavioral agreement. Despite intervening medical treatment to address Complainant's behavior, Respondent has continued to deny Complainant's request to allow her to remain a tenant.

9. The most recent date on which the alleged discrimination occurred:

May 19, 2017, and is continuing.

- 10. Types of Federal Funding Identified:
- 11. The acts alleged in this complaint, if proven, may constitute a violation of the following sections:

804f3B, and 804a or f of Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Act of 1988.

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

5/2017

Date

NOTE: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.

Housing Discrimination Complaint

Case	Number:
1.	Complainants:
2.	Complainant Representatives:
3.	Other Aggrieved Parties:
4.	The following is alleged to have occurred or is about to occur:
	 Failure to make reasonable accommodation Discriminatory refusal to rent
5.	The alleged violation occurred because of:
	Handicap
6.	Address and location of the property in question (or if no property is involved, the city and state where the discrimination occurred):
	Cambridge Square Apartments
7.	Respondents:
	H&L Property Management 4304 Redwood Highway Ste. 200 San Rafael, CA 94903

Rifkind Law Group 100 Drakes Landing Road, Suite 260 Greenbrae, CA 94904

8. The following is a brief and concise statement of the facts regarding the alleged violation:

Complainant is a disabled veteran. Respondents are H&L Management Co. (Management Company), (Manager) and their attorney, Complainant alleges Respondents have refused to accommodate her disabilities.

In late September 2016, Complainant's medical provider altered her mental health medication, which on December 20, 2016 resulted in a manic episode on the property where she created noise, and someone called the police. As a result, the complainant was hospitalized. When she returned home from the hospital, she found a Three-Day Notice to Quit.

On January 5, 2017, there was an altercation between Complainant and Respondent which resulted in Complainant being arrested and charged with false imprisonment (Complainant has since been admitted to a pretrial diversion program). Respondents issued Complainant a notice terminating her tenancy on January 16, 2017.

On March 5, 2017, Complainant's attorney at Sonoma County Legal Aid submitted a reasonable accommodation request asking Respondents to rescind the notice due to the aforementioned events being caused by her disability. Respondent denied the request on March 20, 2017. Subsequently, Complainant submitted more detailed accommodation request to Respondent on April 14, 2017. Respondent denied the request, but offered to extend Complainant's tenancy until May 31, 2017. Complainant sought assistance from Fair Housing Advocates of Northern California, who explained to Respondent that an extension did not meet Complainant's need, and followed up with further verification of Complainant's disabilities. This included a letter from her medical provider stating that the Complainant's medication has since stabilized, that she did not pose a threat to others, and that in his opinion, there was little likelihood the December and January events would occur again in the future. Complainant also offered to abide by a behavioral agreement. Despite intervening medical treatment to address Complainant's behavior, Respondent has continued to deny Complainant's request to allow her to remain a tenant.

9. The most recent date on which the alleged discrimination occurred:

May 19, 2017, and is continuing.

- 10. Types of Federal Funding Identified:
- 11. The acts alleged in this complaint, if proven, may constitute a violation of the following sections:

804f3B, and 804a or f of Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Act of 1988.

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

5|25|2017 Date

NOTE: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

March 28, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

Ocwen Financial Corporation et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at sack.keophimane@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Sack Keephimane

Sack Keophimane
Associate Governmental Program Analyst
916-585-7078
sack.keophimane@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

Ocwen Financial Corporation

2711 Centerville Road, Ste 400

Wilmington, DE 19808

Ocwen Loan Servicing, LLC

1661 Worthington Road, Ste 100 West Palm Beach, FL 33409 888-554-6599

AGENT FOR SERVICE

ADDRESS

PHONE

Coporation Service Company Which Will Do Business in California - As CSC - Lawyers Incorporation Service (C1592199), Agent for Service for Ocwen Loan Servicing, LLC

1661 Worthington Road, Ste 100 West Palm Beach, FL 33409

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

House

.



DFEH NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
March 1, 2018
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO
Denied Ioan
PARTICULARS

Starting from March 2017, I requested a mortgage loan modification a couple of times from the Relationship Management Department (RMD) due to financial hardship. During this time, the RMD denied my application and said I did not qualify because job loss was not a hardship. I told the RMD that I was experiencing a financial hardship because I lost my job due to a car accident and the injury affected my disability both mentally and physically. On January 1, 2018, I requested another loan modification due to my disability and financial hardship and again, my loan modification request was denied. The RMD indicated that I did not qualify based on disability even though disability and health related issues were part of the qualification criteria for a loan modification. On March 1, 2018, Ocwen stopped receiving my mortgage payment. I believe I was denied a mortgage loan modification and discriminated based on my disability.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE	SIGNATURE OF COMPLA	INANT OR	COMPLAINANT'S	LEGALR	EPRESENTATIVE
--	---------------------	----------	---------------	--------	---------------

DATE:

Mar 28, 2018



2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov i email: contact.center@dieh.ca.gov

January 29, 2018

Via [First Class Mail] [Email]



RE: Request to Approve Complaint

DFEH Number:

Beachport Cottages Homeowners Association et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at mario.anzaldua@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Mario Anzaldua Associate Governmental Program Analyst 916-585-8153 mario.anzaldua@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seg.

TANKED TO THE EMPLOTER, PERSON, AG	ENCY, ORGANIZATION OR GOVERNMENT ENTTITY W	HO DISCRIMINATED AGAINST ME
RESPONDENT(S)	ADDRESS	PHONE
Beachport Cottages Homeowners Association	6453 Independence Ave. Woodland Hills, California 91367	818-883-4202
Tandem Property Management Inc	1536 E. Warner Avenue, Suite A Santa Ana, CA 92705	818-883-2402
AGENT FOR SERVICE	ADDRESS	PHONE
Agent for Service for Tandem Property Management Inc	1536 E. Warner Avenue, Suite A Santa Ana, CA 92705	818-883-2402
Agent for Service for Beachport Cottages Homeowners Association	6453 Independence Ave. Woodland Hills, California 91367	818-883-4202
PROPERTY TYPE	ADDRESS WHERE VIOLATION OCCURRED	NO. OF UNITS
Condominium		30



DFEH NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
July 21, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO
Denied access or services to accommodations or facilities
PARTICULARS

- a. On or around April 26, 2017, we made a reasonable accommodation request to Respondent Beach Cottages Homeowners Association and Respondent Tandem Property Management asking them to allow me to park in the guest parking space due to my disability. We provided them proof of my DMV handicap placard to support my request for a reasonable accommodation.
- b. On or around May 14, 2017, Respondent Beach Cottages Homeowners Association and Respondent Tandem Property Management denied my request to park in the guest parking space.
- c. On or around July 21, 2017, Respondent Beach Cottages Homeowners Association and Respondent Tandem Property Management conditionally approved my request, allowing me to park in the guest parking space only until September 30, 2017.
- d. On or about the beginning of September, 2017, I submitted another reasonable accommodation request for the Respondents to extend my reasonable accommodation and grant me a parking space in the guest parking lot indefinitely while I reside at the subject property. The Respondents continue to deny my reasonable accommodation request.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

{{Dte_es_:signer1: date}}



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1884 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

April 4, 2018

Via [First Class Mail] [Email]

RE: Request to Approve Amended Complaint

DFEH Number:

HUD Number:

BRE Alameda/MF Property Owner LLC et al.

Dear

We have amended your complaint based on the changes you requested. Please read the proposed amended complaint carefully. If you do not approve of the language on the complaint, do not sign it; instead, contact me within ten (10) calendar days to discuss your concerns. If you agree with the language, please sign and return the amended complaint as soon as possible. We must receive the signed complaint before it can be investigated. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at mario.anzaldua@dfeh.ca.gov or by fax to 1-888-519-5917.

Please note the information you provide is subject to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq. Thank you for your cooperation.

Sincerely,

Mario Anzaldua

Associate Governmental Program Analyst

Merrio Suzaldia

916-585-8153

mario.anzaldua@dfeh.ca.gov



DFEH NUMBER HUD NUMBER

COMPLAINANT ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

BRE Alameda/MF Property Owner LLC

222 S Riverside Plaza Suite 2000 Chicago, IL 60606

FPI Management, Inc.

800 Iron Point Rd. Folsom, CA 95630

(916) 357-5300

Lincoln University Extensions - Housing

401 15th St. Oakland, CA 94612

> 151 S. El Camino Beverly Hills, CA 90212

(510) 628-8010

(310) 887-6400

AGENT FOR SERVICE

KW Alameda, LLC

Agent for Service for FPI Management, Inc.

File Date: March 12, 2018 Amended ADDRESS

800 Iron Point Rd. Folsom, CA 95630 PHONE

(916) 357-5312

Page 1 of 4



DFEH NUMBER

HUD NUMBER

CSC - Lawyers Incorporating Services, Agent for Service for BRE Alameda/MF Property Owner LLC

2710 Gateway Oaks Drive, Suite 150N Sacramento, CA 95833

Agent for Service for Lincoln University Extensions - Housing

401 15th Street Oakland, CA 94612

(C T CORPORATION SYSTEM), Agent for Service for KW Alameda, LLC

818 W Seventh Street, Suite 930 Los Angeles, CA 90017

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

100

File Date: March 12, 2018

Amended



2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact center@dfeh.ca.gov

March 14, 2018

Via [Fmail]



RE: Request to Approve Complaint
DFEH Number:

Park I Spectrum LLC et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava

Carla Rubalcava
Associate Governmental Program Analyst
(916) 585-8143
carla.rubalcava@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S) ADDRESS PHONE

Park I Spectrum LLC 550 Newport Center Dr.

Newport Beach, CA 92660

The Irvine Company Apartment 550 Newport Center Dr. (949) 333-3020 Communities, Inc. Newport Beach, CA 92660

AGENT FOR SERVICE ADDRESS PHONE

CSC - Lawyers Incorporating Service (C1592199), Agent for Service for Park I Spectrum LLC

251 Little Falls Dr. Wilmington, DE 19808

CSC - Lawyers Incorporating Service (C1592199), Agent for Service for The Irvine Company Apartment Communities, Inc. 251 Little Falls Dr. Wilmington, DE 19808

PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED

Apartment 100+



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE October 1, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental): Source of income

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

- a. On or about May 26, 2017, due to my disability (physical) and source of income (SSI), I submitted a reasonable accommodation request to leasing agent asking that I be allowed to pay rent on the 3rd Wednesday of every month. The agent collected a \$3400.00 deposit plus the first month's rent, approved my rental application and verbally accepted my reasonable accommodation request. I moved into my unit within 36 hours of having my rental application approved.
- b. On or about early-July 2017, I received a 3-day notice to pay or quit. I spoke to management regarding the reasonable accommodation request that had been in place for me to pay the 3rd Wednesday of every month. Management advised that it was not written on the lease but that they would look into it. On the 3rd Wednesday of July, I paid my rent plus the late fee and complained that the \$75 late fee was causing me hardship.
- c. On or about early-August 2017, I received a 3-day notice to pay or quit. I again spoke to management and reminded them of my reasonable accommodation request. On the 3rd Wednesday of August, I paid my rent plus the late fee and complained that the \$75 late fee was causing me hardship.
- d. On or about early-September 2017, I received a 3-day notice to pay or quit. I again spoke to management and reminded them of my reasonable accommodation request. On the 3rd Wednesday of September, I paid my rent plus the late fee and again complained that the \$75 late fee was causing me hardship.
- e. On or about October 18 2017, Management rejected my rent payment and advised that an eviction had been filed. Management would accept my rent payment only if I paid an additional \$600 for legal fees. Additionally, they requested that I provide proof of my SSI status and that I receive my SSI check on the 3rd Wednesday of each month.



DFEH NUMBER

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
December 14, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental); Source of income

AS A RESULT, I WAS SUBJECTED TO Evicted

PARTICULARS

On or about December 14, 2017, I was evicted due to my reasonable accommodation request and source of income.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Mar 14, 2018



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

December 19, 2017

Via [First Class Mail] [Email]

RE: Request to Approve Complaint
DFEH Number:

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed Unruh complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at mario.anzaldua@dfeh.ca.gov or by fax to 1-888•519•5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seg.

Thank you for your cooperation.

Sincerely,

Mario Anzaldua Associate Governmental Program Analyst 916-585-8153 mario.anzaldua@dfeh.ca.gov



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA UNRUH CIVIL RIGHTS ACT

DFEH NUMBER		
COMPLAINANT	ADDRESS	PHONE
	ТҮРЕ	OF DISCRIMINATION AND LAW Civil Code 51, et seq
NAMED IS THE EMPLOYER, PERSON, AG	ENCY, ORGANIZATION OR GOVERNMENT ENTTI	TY WHO DISCRIMINATED AGAINST ME
RESPONDENT(S)	ADDRESS	PHONE
COMPLAINANT Complainant was denied full and equipusiness establishment of one or more protected basis. ON OR BEFORE 12/5/2017 12:00:00 AM BECAUSE OF MY ACTUAL OR PERDisability (physical or mental); Sex/GAS A RESULT, I WAS SUBJECTED Denied Full or Equal Accommodation Establishment – Including both Private PARTICULARS a. On or about July 2, 2017, Responsives aware I had an ESA when I movind of my ESA.	ender; Sexual orientation TO s, Advantages, Facilities, Privileges, or Se e and Public Entities lent asked me to get rid of my Emot ed in. lent came to my house and kicked r	privileges, or services by a ch incorporates Civil Code 51) ervices by a Business ional Support Animal [ESA]. She
 c. On or about July, 6, 2017, I provide engage with me with my reasonable a it. 	ed my doctor's note prescribing my ESA. Reaccommodation request and insists she do	despondent refuses to des not likes dogs and to get rid of
d. On or about July 10, 2017, Respon	dent called me a "punk a** f*g".	



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA UNRUH CIVIL RIGHTS ACT

DFEH NUMBER

e. On or about December 5, 2017, to this day Respondent refuses to address my work orders in retaliation for asking for a reasonable accommodation for my ESA. In doing so, she is hoping I move out sconer.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Dec 20, 2017



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1664 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

March 2, 2018

Via [Fmail]



RE: Request to Approve Complaint

DEEH Number:

Reseda Park, L.P. et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava

Carla Rubalcava Associate Governmental Program Analyst (916) 585-8143 carla.rubalcava@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT ADDRESS PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

 RESPONDENT(S)
 ADDRESS
 PHONE

 Reseda Park, L.P.
 5150 Overland Ave. Culver City, CA 90230
 (818) 345-2490

 GK Management Co., Inc.
 5150 Overland Ave. Culver City, CA 90230
 (310) 280-5084

AGENT FOR SERVICE ADDRESS PHONE

Agent for Service 5150 Overland Ave. for Reseda Park, L.P. Culver City, CA 90230

Agent for Service 5150 Overland Ave. for GK Management Co., Inc. Culver City, CA 90230

PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED

Apartment 100



DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

November 1, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

a. On or about October 2016, due to my disability [physical], I submitted a reasonable modification request to management requesting that the flooring in my unit be replaced, specifically the transition strip that divides the kitchen and living area. Respondents failed to engage in an interactive process and my request went ignored. This same reasonable modification request was originally submitted and ignored in 2015, after I suffered a devastating fall caused by the faulty installation of the above-mentioned transition strip.

b. On or about November 2017, due to my disability [physical], I submitted a reasonable accommodation request to management requesting that the moldy cabinets in my unit be replaced. Respondents denied my request.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED

Discrimination

ON OR BEFORE

February 1, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Age (40 and over); Disability (physical or mental); National Origin (includes language restrictions)

AS A RESULT, I WAS SUBJECTED TO

Denied equal terms and conditions

PARTICULARS

On or about February 2017, due to my disability [physical], I again submitted a reasonable modification request to management requesting that the flooring in my unit be replaced, specifically the transition strip that divides the kitchen and living area. Respondents did not immediately comply with my request and only did so when I contacted Code Enforcement about the issue. It took management approximately 25 months to address my reasonable modification request. I believe I was denied equal terms and conditions due to my National Origin [Persian], Age, and Disability.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Mar 2, 2018



2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

December 21, 2017

Via [First Class Mail] [Email]

RE: Request to Approve Complaint

DFEH Number:

The Steven W. Reiss Trust Dated May 8, 1998 et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888•519•5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava Associate Governmental Program Analyst (916) 585-8143 carla.rubalcava@dfeh.ca.gov



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA UNRUH CIVIL RIGHTS ACT

COMPLAINANT
ADDRESS
PHONE

TYPE OF DISCRIMINATION AND LAW
Civil Code 51, et seq

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITTY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)
ADDRESS
PHONE
The Steven W. Reiss Trust Dated
May 8, 1998
1574 W Alexis Ave.
Anaheim, CA 92802



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA UNRUH CIVIL RIGHTS ACT

DFEH NUMBER

- Allegation 1 -

I ALLEGE THAT THE RESPONDENT TOOK THE FOLLOWING ADVERSE ACTIONS AGAINST THE COMPLAINANT

Complainant was denied full and equal accommodations, advantages, facilities, privileges, or services by a business establishment of one or more Fair Employment and Housing Act (which incorporates Civil Code 51) protected basis.

ON OR BEFORE

1/1/2017 12:00:00 AM

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied Full or Equal Accommodations, Advantages, Facilities, Privileges, or Services by a Business Establishment – Including both Private and Public Entities

PARTICULARS

On or about January 2017, due to my disability [mental/physical], I submitted a reasonable accommodation to Respondent Reiss requesting the mold in unit be removed because it was exacerbating my condition. On or about February 2017, a mold specialist came out and determined the mold damage was extensive and major tear out and repairs needed to be done. I was moved to a hotel, which the landlord reluctantly paid, while the mold in my unit was removed. I moved back in to my unit after the repairs were made, but I quickly noticed that the mold was not properly removed and was merely painted over. We reported this to Respondent etting her know that my reasonable accommodation request was not properly addressed

- Allegation 2 -

I ALLEGE THAT THE RESPONDENT TOOK THE FOLLOWING ADVERSE ACTIONS AGAINST THE COMPLAINANT

Complainant was denied full and equal accommodations, advantages, facilities, privileges, or services by a business establishment of one or more Fair Employment and Housing Act (which incorporates Civil Code 51) protected basis.

ON OR BEFORE

8/1/2017 12:00:00 AM

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied Full or Equal Accommodations, Advantages, Facilities, Privileges, or Services by a Business Establishment – Including both Private and Public Entities

PARTICULARS

On or about late August, 2017, I received a 60-day notice to vacate from Respondent lateral I believe this notice was in retaliation for being vocal about the mold and for requesting reasonable accommodation due to my disability.



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA UNRUH CIVIL RIGHTS ACT

DFEH NUMBER

- Allegation 3 -

I ALLEGE THAT THE RESPONDENT TOOK THE FOLLOWING ADVERSE ACTIONS AGAINST THE COMPLAINANT

Complainant was denied full and equal accommodations, advantages, facilities, privileges, or services by a business establishment of one or more Fair Employment and Housing Act (which incorporates Civil Code 51) protected basis.

ON OR BEFORE

9/11/2017 12:00:00 AM

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied Full or Equal Accommodations, Advantages, Facilities, Privileges, or Services by a Business Establishment – Including both Private and Public Entities

PARTICULARS

On or about September 11, 2017, we were notified that an unlawful detainer was filed by Respondent

- Allegation 4 -

I ALLEGE THAT THE RESPONDENT TOOK THE FOLLOWING ADVERSE ACTIONS AGAINST THE COMPLAINANT

Complainant was denied full and equal accommodations, advantages, facilities, privileges, or services by a business establishment of one or more Fair Employment and Housing Act (which incorporates Civil Code 51) protected basis.

ON OR BEFORE

11/8/2017 12:00:00 AM

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied Full or Equal Accommodations, Advantages, Facilities, Privileges, or Services by a Business Establishment – Including both Private and Public Entities

PARTICULARS

On or about November 8, 2017, I was evicted by Respondents. It believe I was ultimately evicted for being vocal about the mold issue in my unit and for requesting a reasonable accommodation.



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA UNRUH CIVIL RIGHTS ACT

DFEH NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Dec 27, 2017



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

December 22, 2017

Via [First Class Mail] [Email]

RE: Request to Approve Complaint

DFEH Number:

WP Overland Court Apartments, LP et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888•519•5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava Associate Governmental Program Analyst (916) 585-8143 carla.rubalcava@dfeh.ca.gov



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA UNRUH CIVIL RIGHTS ACT

DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Civil Code 51, et seq

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

WP Overland Court Apartments, LP

ADDRESS

PHONE

310 N Westlake Blvd. #210 Westlake Village, CA 91362

Buckingham Property Management

2170 N Winery Ave. Fresno, CA 93703

(559) 452-8250

AGENT FOR SERVICE

Agent for Service for WP Overland Court Apartments, LP

Agent for Service for Buckingham Property Management

ADDRESS

310 N Westlake Blvd. #210 Westlake Village, CA 91362

> 2170 N Winery Ave. Fresno, CA 93703

PHONE



COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA UNRUH CIVIL RIGHTS ACT

DFEH NUMBER

- Allegation -

I ALLEGE THAT THE RESPONDENT TOOK THE FOLLOWING ADVERSE ACTIONS AGAINST THE COMPLAINANT

Complainant was denied full and equal accommodations, advantages, facilities, privileges, or services by a business establishment of one or more Fair Employment and Housing Act (which incorporates Civil Code 51) protected basis.

ON OR BEFORE

7/17/2017 12:00:00 AM

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied Full or Equal Accommodations, Advantages, Facilities, Privileges, or Services by a Business Establishment – Including both Private and Public Entities

PARTICULARS

On or about July 17, 2017, I was denied rental due of my Emotional Support Animal [ESA]. Although I had all the proper documentation for my ESA, property manager Respondent failed to engage in an interactive process and stated that under no circumstances were pets allowed. I went through a lengthy application process, including an interview on or about May 17, 2017, where there had been no mention of pets not being allowed.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Dec 28, 2017



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov i email: contact.center@dfeh.ca.gov

March 30, 2018

Via Email

RE: Request to Approve Complaint

DFEH Number:

Williams Family Trust et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava

Carla Rubalcava Associate Governmental Program Analyst (916) 585-8143 carla.rubalcava@dfeh.ca.gov



DFEH NUMBER COMPLAINANT **ADDRESS** PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) **ADDRESS** PHONE Williams Family Trust 6520 Platt Ave. #253 West Hills, CA 91307 PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Apartment 8



DFEH NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
January 5, 2018
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)
AS A RESULT, I WAS SUBJECTED TO
Denied equal terms and conditions
PARTICULARS

	st and denied equal terms and conditions at the subject property
T ALL CONTRACTOR OF THE PARTY O	he subject property is an 8 unit apartment building owned by the Williams Family Trust
and managed by trustee,	and onsite manager,

On or about December 31, 2017, the day before I was to move in, I was informed I was being denied rental of unit due to my Emotional Support Animal (ESA).

On or about January 5, 2018, after further discussions with management, I was allowed to move in with the condition that my monthly rent would go up from approximately \$2245.00 to \$2390.00 because of the my ESA. Prior to signing, the lease verbiage was revised to replace all mentions of "pet" with "service dog".

I believe I was discriminated against and denied equal terms and conditions because of my need for an ESA and as a result, my monthly rent went up.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Apr 4, 2018



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 I Elk Grove I CA I 95758 (800) 884-1684 I TDD (800) 700-2320 http://www.dfeh.ca.gov I email: contact.center@dfeh.ca.gov

April 12, 2018



Via Email

RE: Request to Approve Complaint

DFEH Number:

Shaun-T/CIP Fair Oaks, LLC et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at carla.rubalcava@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Carla Rubalcava

Carla Rubalcava
Associate Governmental Program Analyst
(916) 585-8143
carla.rubalcava@dfeh.ca.gov



DFEH NUMBER



ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

Shaun-T/CIP Fair Oaks, LLC

ADDRESS

PHONE

30012 Ivy Glenn Drive, Ste. 200 Laguna Niguel, CA 92677

AGENT FOR SERVICE

Agent for Service for Shaun-T/CIP Fair Oaks, LLC **ADDRESS**

PHONE

30012 Ivy Glenn Dr., Ste. 200 Laguna Niguel, CA 92677

PROPERTY TYPE

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

Apartment

95+



DFEH NUMBER

 Allegation 1 -I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE November 12, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) AS A RESULT, I WAS SUBJECTED TO Subjected to discriminatory statements/advertisement **PARTICULARS** was discriminated against and subjected to discriminatory statements at due to my mental disability. The Respondents are owner, Shaun-T/CIP Fair Oaks, LLC and onsite property manager, On or about November 12, 2017, I experienced a mental health crisis, as a result of my mental disability, and sought Respondent for help. Instead of coming to my aid, Respondent made a video recording of my mental state and called me crazy, weird, and stupid. The police were called and I was taken to the psychiatric ward. Allegation 2 -I ALLEGE THAT I EXPERIENCED Discrimination ON OR BEFORE November 30, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental); Association with someone of a protected class AS A RESULT, I WAS SUBJECTED TO Denied equal terms and conditions **PARTICULARS** We were discriminated against and denied equal terms and conditions at due to mental disability. The Respondents are owner, Shaun-T/CIP Fair Oaks. LLC and onsite property manager, On or about November 15, 2017, only days after mental health crisis, management issued us an incurable three-day notice to vacate. On or about November 15 through 30, 2017, we received harassing text messages from Respondent statements such as, but not limited to, "we don't want you here" and "your time is up". Additionally, Respondent would seek us out at the property to confront us and to force us to leave. On or about November 30, 2017, we decided to vacate the subject property due to the ongoing harassment and discrimination from Respondent

We believe we were discriminated against and asked to vacate due to

health crisis that occurred on November 12, 2017.

mental disability and her mental



DFEH NUMBER

			200	7 4	
	ΛІ	lega	atio	n 2	
-	MI	leu.	1110	11 3	-

I ALLEGE THAT I EXPERIE	ENCED
Harassment	
ON OR BEFORE	
November 30, 2017	
BECAUSE OF MY ACTUAL	OR PERCEIVED
	I); Association with someone of a protected class
AS A RESULT, I WAS SUB	
A hostile living environment	
PARTICULARS	

We were harassed against and subjected to a hostile living environment at due to mental disability. The Respondents are owner, Shaun-T/CIP Fair Oaks,
LLC and onsite property manager,
On or about November 15, 2017, only days after mental health crisis, management issued us an incurable three-day notice to vacate.
On or about November 15 through 30, 2017, we received harassing text messages from Respondent with statements such as, but not limited to, "we don't want you here" and "your time is up". Additionally, Respondent would seek us out at the property to confront us and to force us to leave.
On or about November 30, 2017, we decided to vacate the subject property due to the ongoing harassment and discrimination from Respondent
We believe we were harassed and subjected to a hostile living environment due to mental disability and her mental health crisis that occurred on November 12, 2017.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANTS OR COMPLAINANTS' LEGAL REPRESENTATIVE:

DATE:



Apr 16, 2018

Apr 16, 2018

Housing Discrimination Complaint

Cas	se Number:	DFEH Matter
1.	Complainants:	Date Filed: February 8, 2018
2.	Complainant Representative	95:
3.	Other Aggrieved Parties:	
4.	The following is alleged to ha	ive occurred or is about to occur:
	 Discriminatory terms, o Failure to make reasona 	conditions, privileges, or services and facilities able accommodation
5.	The alleged violation occurre	d because of:
	 Handicap 	
6.	Address and location of the p city and state where the discr	roperty in question (or if no property is involved, the imination occurred):
7.	Respondents:	
	Village in the Political	
	Village in the Park Homeowner c/o Agent for Serv	s' Association ice of Process
	315 Diablo Rd Ste 221 Danville, CA 94526	

RECEIVED

5

FEB 1 5 2018

Department of Fair Employment & Housing Elk Grove Village in the Park Homeowners' Association
c/o
Agent for Service of Process
315 Diablo Rd Ste 221
Danville, CA 94526

DNJ Property Management Services, Inc. DBA Common Interest Management
Services
c/o
Agent for Service of Process
315 Diablo Rd Ste 221
Danville, CA 94526

DNJ Property Management Services, Inc. DBA Common Interest Management
Services
c/o
Agent for Service of Process
315 Diablo Rd Ste 221

8. The following is a brief and concise statement of the facts regarding the alleged violation:

Danville, CA 94526

Complainant is Complainant is a disabled person as defined by the federal Fair Housing Act. Respondents are DNJ Property Management Services, Inc. DBA Common Interest Management Services (HOA management company), (HOA management agent), Village in the Park Homeowners' Association (HOA), and (HOA President).

Complainant's disability makes her sensitive to chemicals, including the fumes from most paints. Exposure to paint fumes results in Complainant experiencing a severe rash, respiratory problems, nauseousness, digestive problems, and puts her at risk of death.

In 2012, the Complainant requested, and the Respondent HOA accommodated, Complainant's request for a reasonable accommodation to have her unit painted using a specific paint called Mystic, which does not exacerbate Complainant's disabilities. In or around November 2017, Complainant learned that all of the units within the HOA would again be painted. Complainant then sent Respondents a request for a reasonable accommodation to again have the interior of her unit painted using Mystic, and she additionally requested that her front door not be painted because it would take months for the fumes to dissipate from the door, and the exposure to the fumes would exacerbate her disability. Shortly after the letter was sent, complainant while she was in her garage lasked to speak to Complainant in the street with other individuals from the management company. Complainant asked about her request to use the special paint, and mentioned that she had several cans of leftover paint from the last painting in 2012 that might be useable if

they wanted it. informed her that he was aware of her request, but did not want to discuss it. Complainant asked to have a sit-down meeting with the HOA Board regarding the issue, but denied the request.

On January 22, 2018, Respondents posted a notice on Complainant's unit stating that she was forbidden from speaking to any of the workers, including painters. Respondents have not stated when Complainant's unit will be painted, but Complainant learned on January 31, 2018 that painting work has begun on the homes near her property. To date, Respondents have not responded to Complainant's request for an accommodation.

The most recent date on which the alleged discrimination occurred:

January 22, 2018, and is continuing.

- 10. Types of Federal Funding Identified:
- 11. The acts alleged in this complaint, if proven, may constitute a violation of the following sections:

804b or f, and 804f3B of Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Act of 1988.

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

2-2-18 Date

N O TE: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM II' IS FILED.

RECEIVED

FEB 0'8 2018

Dept. of Fair Employment & Housing Los Angeles Regional Office

Housing Discrimination Complaint

Case	Number:
1.	Complainants:
2.	Complainant Representatives:
3.	Other Aggrieved Parties:
4.	The following is alleged to have occurred or is about to occur: Discriminatory terms, conditions, privileges, or services and facilities Failure to make reasonable accommodation
5.	The alleged violation occurred because of: • Handicap
6.	Address and location of the property in question (or if no property is involved, the city and state where the discrimination occurred):
7.	Village in the Park Homeowners' Association c/o Agent for Service of Process 315 Diablo Rd Ste 221 Danville, CA 94526

Village in the Park Homeowners' Association Agent for Service of Process 315 Diablo Rd Ste 221 Danville, CA 94526 DNJ Property Management Services, Inc. DBA Common Interest Management Services c/o Agent for Service of Process 315 Diablo Rd Ste 221 Danville, CA 94526 DNJ Property Management Services, Inc. DBA Common Interest Management Services c/o Agent for Service of Process 315 Diablo Rd Ste 221 Danville, CA 94526 The following is a brief and concise statement of the facts regarding the alleged violation: Complainant is Complainant is a disabled person as defined by the federal Fair Housing Act. Respondents are DNJ Property Management Services, Inc. DBA Common Interest Management Services (HOA management company) (HOA management agent), Village in the Park Homeowners' Association (HOA), and. (HOA President). Complainant's disability makes her sensitive to chemicals, including the fumes from most paints. Exposure to paint fumes results in Complainant experiencing a severe rash, respiratory problems, nauseousness, digestive problems, and puts her at risk of death. In 2012, the Complainant requested, and the Respondent HOA accommodated,

8.

Complainant's request for a reasonable accommodation to have her unit painted using a specific paint called Mystic, which does not exacerbate Complainant's disabilities. In or around November 2017, Complainant learned that all of the units within the HOA would again be painted. Complainant then sent Respondents a request for a reasonable accommodation to again have the interior of her unit painted using Mystic, and she additionally requested that her front door not be painted because it would take months for the fumes to dissipate from the door, and the exposure to the fumes would exacerbate her disability. Shortly after the letter was sent, encountered Complainant while she was in her garage.

Complainant in the street with other individuals from the management company. Complainant asked about her request to use the special paint, and mentioned that she had several cans of leftover paint from the last painting in 2012 that might be useable if

they wanted it. I informed her that he was aware of her request, but did not want to discuss it. Complainant asked to have a sit-down meeting with the HOA Board regarding the issue, but denied the request.

On January 22, 2018, Respondents posted a notice on Complainant's unit stating that she was forbidden from speaking to any of the workers, including painters. Respondents have not stated when Complainant's unit will be painted, but Complainant learned on January 31, 2018 that painting work has begun on the homes near her property. To date, Respondents have not responded to Complainant's request for an accommodation.

9. The most recent date on which the alleged discrimination occurred:

January 22, 2018, and is continuing.

- 10. Types of Federal Funding Identified:
- 11. The acts alleged in this complaint, if proven, may constitute a violation of the following sections:

804b or f, and 804f3B of Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Act of 1988.

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

2-2-18 Date

N O T E: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1884 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email. contact.center@dfeh.ca.gov

December 28, 2017

DFEH Number:

Via [First Class Mail] [Email]

RE: Request to Approve Complaint

The Giers Family Associates LLC et al.

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at mario.anzaldua@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Mario Anzaldua

Associate Governmental Program Analyst

Merio Suzaldia

916-585-8153

mario.anzaldua@dfeh.ca.gov



DFEH NUMBER

COMPLAINANT

ADDRESS

PHONE

TYPE OF DISCRIMINATION AND LAW

Government Code § 12955 Civil Code § 51, et seq.

NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTITY WHO DISCRIMINATED AGAINST ME

RESPONDENT(S)

ADDRESS

PHONE

The Giers Family Associates LLC

156 Hall Dr. Orinda, CA 94563

Satellite Management Co

1010 East Chestnut Ave. Santa Ana, CA 92701

(714) 558-2411

AGENT FOR SERVICE

Agent for Service for Satellite Management Co **ADDRESS**

PHONE (714) 558-2411

1010 East Chestnut Ave. Santa Ana, CA 92701

Agent for Service for The Giers Family Associates LLC 156 Hall Dr. Orinda, CA 94563

PROPERTY TYPE

Apartment

ADDRESS WHERE VIOLATION OCCURRED

NO. OF UNITS

OCCURR

78



DFEH NUMBER

- Allegation -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE
September 1, 2017
BECAUSE OF MY ACTUAL OR PERCEIVED
Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

- a. On or about July 7 2017, while signing my new lease, I asked Respondent for a reasonable accommodation. I needed a shade on my balcony because of my disability [Physical]. Respondent me to not even bother submitting an accommodation request since it would be automatically denied.
- b. On or about August 14, 2017, I submitted my reasonable accommodation request in writing along with my doctor's note since my symptoms had exacerbated. My request went unanswered; Respondent to engage with me in my reasonable accommodation request.
- c. On or about mid September, 2017, I submitted another reasonable accommodation request for the rules and policies to be changed to allow for my reasonable accommodation to be granted. Again, Respondent refused to engage with me in my reasonable accommodation request.

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:	DATE:
	Dec 28, 2017



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

DIRECTOR KEVIN KISH

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 800-884-1684 | TDD 800-700-2320 www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

November 3, 2017

П	Via email:	
RE:	Request to Approve Complaint DFEH Matter Number:	
	Housing Authority Of The City Of Los Angeles (HACLA)	
Dea	r	

This notice confirms that you have filed an inquiry and have been interviewed by a Department of Fair Employment and Housing (DFEH) representative. You must approve, sign and return the complaint before it can be investigated. If you do not approve the language on the complaint, please do not sign the complaint; instead, contact me to discuss your concerns. If you do not return the signed complaint within 10 days, your inquiry will be closed and no further action will be taken.

Please return the signed complaint by mail to DFEH, 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758 or by email to the email address below or by fax to 888•519•5917.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seg.

Thank you for your cooperation.

Mario Suzaldia

Sincerely,

Mario Anzaldua

Associate Governmental Program Analyst

916-585-8153

mario.anzaldua@dfeh.ca.gov

COMPLAINT OF DISCRIMINATION BEFORE THE STATE OF CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING Under the California Unruh Civil Rights Act (Civ. Code, § 51)

Complaint of Complainant.	DFEH No.
Co-Complainant	
rs.	
Housing Authority Of The City Of Los Angeles (HACLA), Respondent. 2600 Wilshire Blvd. Los Angeles, CA 90057	
Co-Respondent Housing Authority Of The City Of Los Angeles (HACLA) 2600 Wilshire Blvd. Los Angeles, CA 90057	
Co-Respondent Housing Authority Of The City Of Los Angeles (HACLA) 2600 Wilshire Blvd. Los Angeles, CA 90057	
THE PARTICULARS ARE:	
alleges that response actions against complainant. Complainant	ndent took the following adverse was denied full or equal
-2-	

accommodations, advantages, facilities, privileges, or services by a business establishment, including both private and public entities because of one or more Fair Employment and Housing Act (which incorporates Civil Code section 51) protected basis: Disability - [physical or mental].

- 2. My belief is based on the following:
- a. On or about January 4, 2017, I requested a reasonable accommodation for a 3 bedroom dwelling to accommodate for our live-in aid to Respondents. The Respondents refused to engage with me in the reasonable accommodation interactive process. They have refused to answer to my calls and emails; to this day I still do not have an answer to my request.
- 3. Complainants

 reside in the City of State of California.

VERIFICATION am the Complainant in the above complaint. I have read the above complaint and know its contents. I declare under penalty of perjury under the laws of the State of California that the above is true and correct of my own knowledge, except as to those matters alleged on information and belief, which I also believe to be true. Signature of Complainant or Complainant's Legal Representative: Date: Dec 18, 2017 Signature of Complainant or Complainant's Legal Representative: Date: Dec 18, 2017



DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758 (800) 884-1684 | TDD (800) 700-2320 http://www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

February 2, 2018

Via [First Class Mail] [Email]

RE: Request to Approve Complaint DFEH Number:

Dear

The enclosed draft complaint is the result of your interview with me. Please read the proposed complaint carefully. If you agree with the language, please sign and return the complaint via mail, email or fax. If you do not approve of the language on the complaint, do not sign it; instead, contact me to discuss your concerns. My mailing address is:

Department of Fair Employment and Housing 2218 Kausen Dr. Suite 100 Elk Grove, CA 95758

You may also return the complaint to me by email at mario.anzaldua@dfeh.ca.gov or by fax to 1-888-519-5917.

Please return the signed complaint or contact me with your concerns as soon as possible as we cannot begin our investigation until we have received your signed complaint. The law requires that a complaint be filed within one (1) year from the date of the discriminatory act.

If you do not return the signed complaint or contact me within ten (10) calendar days from the date of this letter, your case will be closed.

Please note that the information you provided is subjected to the Department's privacy policy and the California Public Records Act, Government Code section 6250 et seq.

Thank you for your cooperation.

Sincerely,

Mario Anzaldua Associate Governmental Program Analyst 916-585-8153 mario.anzaldua@dfeh.ca.gov



DFEH NUMBER COMPLAINANT **ADDRESS** PHONE TYPE OF DISCRIMINATION AND LAW Government Code § 12955 Civil Code § 51, et seq. NAMED IS THE EMPLOYER, PERSON, AGENCY, ORGANIZATION OR GOVERNMENT ENTTITY WHO DISCRIMINATED AGAINST ME RESPONDENT(S) **ADDRESS** PHONE PROPERTY TYPE ADDRESS WHERE VIOLATION NO. OF UNITS OCCURRED Other 11 - Allegation 1 -I ALLEGE THAT I EXPERIENCED Harassment ON OR BEFORE March 8, 2017 BECAUSE OF MY ACTUAL OR PERCEIVED Disability (physical or mental) **PARTICULARS** a. On or about March 6, 2017. Lirequested a reasonable accommodation for my emotional support animal [ESA]. Respondents mocked my request to my face. Respondent nsinuated I was lying. She brought up her background as an investigator, and she stated that she knew when people were lying. She said

anyone could get an ESA these days, including her.



DFEH NUMBER

b. On or about March 8, 2017, I received a long email from the Respondents with ESA definitions and threats of what could legally happen to someone who is lying or submitting false requests.

- Allegation 2 -

I ALLEGE THAT I EXPERIENCED
Discrimination
ON OR BEFORE

March 10, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Disability (physical or mental)

AS A RESULT, I WAS SUBJECTED TO

Denied reasonable accommodation for a disability or medical condition

PARTICULARS

a. On or about March 10, 2017, my doctor submitted my ESA recommendation letter directly to the Respondents. The Respondents denied my reasonable accommodation based on the letter not meeting their requirements. Later that day, my doctor resent the letter with their requirements. I also sent the letter via certified mail. The Respondents failed to engage with me in the interactive process to my reasonable accommodation requests.

- Allegation 3 -

I ALLEGE THAT I EXPERIENCED

Retaliation

ON OR BEFORE

October 23, 2017

BECAUSE OF MY ACTUAL OR PERCEIVED

Requested or used a disability-related accommodation

AS A RESULT, I WAS SUBJECTED TO

Denied equal terms and conditions

PARTICULARS

- a. On or about the first week of October 23, 2017, in retaliation for requesting and having my ESA, I received a very restrictive and different lease from what I had originally signed and what other tenants were receiving.
- b. On or about November, 5, 2017, I responded to management in regards to the differing terms. I was eventually provided the standard lease I originally signed.



DFEH NUMBER

SIGNED UNDER PENALTY OF PERJURY

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe them to be true.

SIGNATURE OF COMPLAINANT OR COMPLAINANT'S LEGAL REPRESENTATIVE:

DATE:

Feb 2, 2018